

# Nassir Notes

## Quick Facts – DHHS

April 2011

State of Nevada  
Department of Health and Human Services

<http://dhhs.nv.gov>

**Helping People –**  
it's who we are & what we do

Brian Sandoval  
*Governor*



Michael J. Willden  
*Director*

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# Nevada Department of Health & Human Services, Director's Office

## 1.01 2-1-1 Partnership

### Program:

Established by Executive Order in February 2006, the Nevada 2-1-1 Partnership was created to implement a multi-tiered response and information plan in the state of Nevada.

2-1-1 is an easy to remember telephone number that, where available, connects people with important community services and volunteer opportunities. Available information on essential health and human services includes: basic human services, physical and mental health resources, employment support services, programs for children, youth and families, support for seniors and persons with disabilities, volunteer opportunities and donations and support for community crisis and disaster recovery.

### Hours of Service:

2-1-1 is currently available from 8 a.m. through midnight, Monday through Friday and from 8 a.m. to 4 p.m. on Saturday and Sunday.

Service is provided by HELP of Southern Nevada and Crisis Call Center in Northern Nevada.

### Partnership Members:

Embarq  
City of Las Vegas  
City of Reno  
Crisis Call Center  
Family TIES of Nevada  
HELP of Southern Nevada  
Nevada Dept. of Health & Human Services  
Nevada Dept of Information & Technology  
Nevada Disability Advocacy & Law Center  
Nevada Division for Aging Services

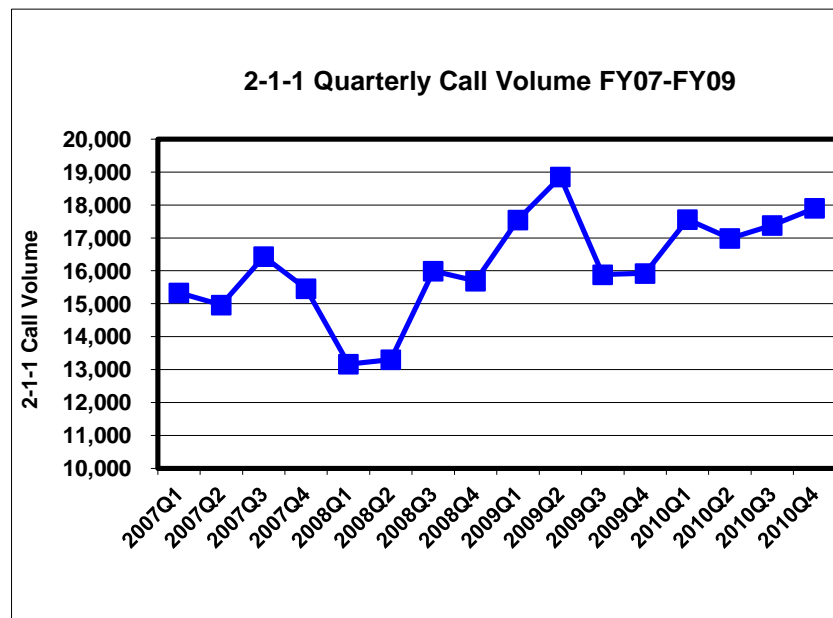
Nevada Public Health Foundation  
Nevada Telecommunications Association  
Sierra Pacific Power Company  
Sprint  
State of Nevada Legislature  
United Way of Northern Nevada & the Sierra  
United Way of Southern Nevada  
Volunteer Center of Southern Nevada  
Washoe County Chronic Disease Coalition  
Washoe County Senior Services

### Workload History:

FY 07: Total Calls **62,195**  
FY 08: Total Calls **58,157**  
FY 09: Total Calls **68,212**  
FY 10: Total Calls **69,838**

### FY 10

Q1 17,561  
Q2 16,989  
Q3 17,383  
Q4 17,905  
FY10 Total **69,838**



### Comments:

Fluctuation in call volume due to outreach campaigns and media generated coverage. FY09 growth impacted by economic recession. FY 10 data have been revised to remove "phantom calls" (hang-ups, static, child playing, etc.) from the total number of calls.

### Website:

<http://Nevada211.org>

# Nevada Department of Health & Human Services, Director's Office

## 1.02 Differential Response

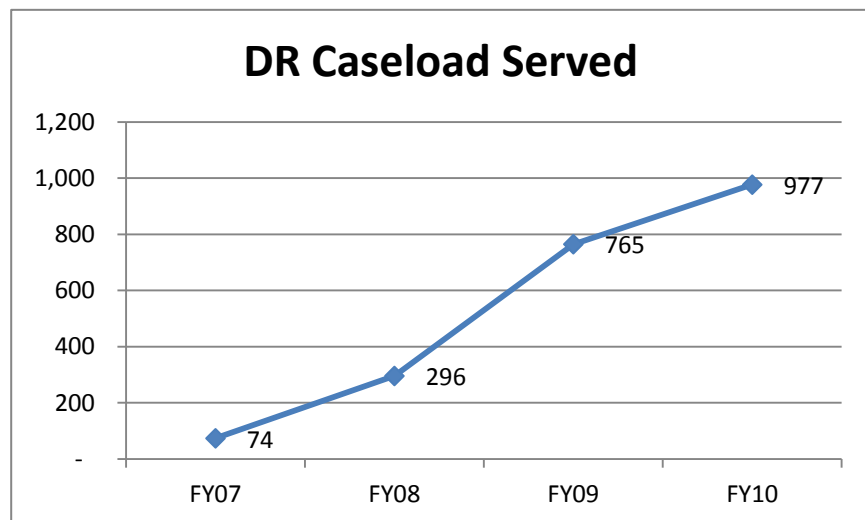
**Program:** The Family Resource Center Differential Response is a joint project between the three child welfare agencies and the Family Resource Centers to provide a family assessment approach to reduce the number of accepted reports of child maltreatment that are investigated by the Child Protection Agencies. Reports of child maltreatment that meet the statutory threshold for a home visit to determine child well-being, where there is not an imminent threat to the child's safety, may be referred to the Differential Response staff for a home visit and child safety assessment. Typically these reports involve such things as educational neglect, environmental neglect and improper supervision. Frequently the DR worker is able to assist the family in accessing services that will assist the family in providing positive interactions and a safe environment for their children.

**Service Areas:** The pilot is designed to implement services throughout Nevada over a period of three to five years. Clark County services began in February 2007 with additional sites in Elko and Washoe counties in SFY08. In SFY 09 DR services were expanded to Carson City, Storey County, Churchill County, Lyon County, Mineral County, Pershing County and Pahrump. No additional services.

### Workload History:

FY07 Referred:	90
FY07 Served:	74
FY07 Closed:	33
FY08 Referred:	362
FY08 Served:	296
FY08 Closed:	247
FY09 Referred:	912
FY09 Served:	765
FY09 Closed:	665
FY10 Referred:	1,053
FY10 Served:	977
FY10 Closed:	906
FY11 Referred*:	543
FY11 Served:	520
FY11 Closed:	536

\*FY11 represents data through 12/31/10.



### Comments:

The chart reflects ongoing caseload with additional programs coming on and ramping up their services. Reports screened for a DR response typically involved families with basic needs, followed by educational neglect, lack of supervision, medical neglect, and various family problems. Currently, DR referrals reflect approximately 9% of the child maltreatment reports in pilot areas. If expanded statewide, it is estimated that DR referrals could reach 17% of total child maltreatment reports. Nevada is one of 22 states implementing Differential Response.

**Website:** <http://dhhs.nv.gov/Grants/Committees/DR/DR%20Pilot%20Project%202007-02.doc>

# Nevada Department of Health & Human Services, Director's Office

## 1.03 Grants Management Unit

### Program:

The Grants Management Unit (GMU) is an administrative unit within the Department of Health and Human Services, Director's Office, that administers grants to local, regional, and statewide programs serving Nevadans. The Unit ensures accountability and provides technical assistance for the following programs.

- **Children's Trust Fund (CTF)** grants prevent child abuse and neglect.
- **Community Service Block Grant (CSBG)** promotes self-sufficiency, family stability, and community revitalization.
- **Family to Family Connection (F2F)** focuses on the health, safety, and development of families of infants and toddlers.
- **Family Resource Centers (FRC)** provide information and referral services, and various support services to families.
- **Differential Response** addresses child safety by supporting a partnership between Nevada's child welfare agencies and Family Resource Center Differential Response programs.
- **Fund for a Healthy Nevada (FHN)** grants improve health services for children and improve the health and well-being of persons with disabilities. *(FY10 FHN grants also supported programs intended to prevent, reduce, or treat the use of tobacco and the consequences of the use of tobacco. However, effective July 1, 2010, administration of these funds was transferred to the Health Division.)*
- **Title XX Social Service Block Grant (SSBG)** assists persons in achieving or maintaining self-sufficiency and/or prevents or remedies neglect, abuse, or exploitation of children and adults.
- **Revolving Account for Problem Gambling Treatment and Prevention** provides funding for problem gambling treatment, prevention, research and related services.

### Eligibility:

**Most GMU funding sources** target at-risk populations. CTF focuses on primary and secondary prevention. CSBG targets people at 125% of the Federal Poverty Level (raised to 200% under ARRA). F2F and FRC must conduct outreach to at-risk populations. Some FHN funds are targeted to people with disabilities, others are targeted to children.

### Funding Categories with Priority Activities in FY11

#### **CHILDREN'S HEALTH**

Access to Health Care  
Immunization of Children  
Basic Nutrition  
Oral Health

#### **FAMILY SUPPORT**

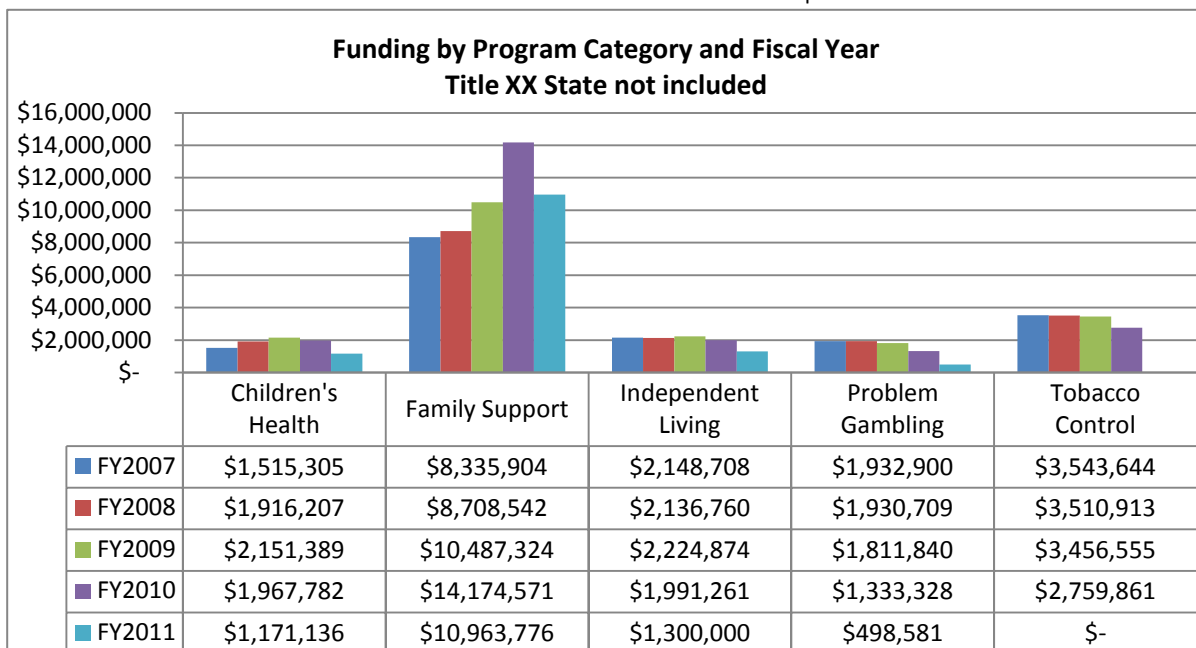
Parent Training  
Child Self-Protection Training  
Crisis Intervention  
Respite Care

#### **INDEPENDENT LIVING**

Life Skills Training  
Transitional Housing  
Adaptive Resources  
Transportation  
Positive Behavior Support  
Respite Care

#### **PROBLEM GAMBLING**

Treatment, Technical Assistance  
Data Collection and Evaluation



### Comments:

Note that funding for Family Support in FY11 includes three months of federal economic stimulus dollars in the CSBG program and CSBG carryover from FY10. Reductions in other categories reflect a combination of General Fund cuts, reduced allocations from various funding sources, and reallocation of certain funds to support other state agencies and programs.

### Website:

<http://dhhs.nv.gov/Grants/GrantsManagement.htm>



# Nevada Department of Health & Human Services, Director's Office

## 1.04 Head Start Statewide Collaboration

**Program:** Through statewide partnerships, the Nevada Head Start State Collaboration and Early Childhood Systems Office enhances relationships, builds systems, and promotes comprehensive quality services to meet the needs of young children and their families.

The Nevada Head Start State Collaboration Office (HSSCO) does not regulate or oversee Head Start programs. Instead, state collaboration offices assess the needs of grantees specific to collaboration with health and other service providers. The bulk of this work is facilitated through a Partnership Committee whose members include representatives from the Nevada State Health Division, Division of Child and Family Services, Division of Welfare and Supportive Services, Child Care and Development, Nevada Literacy Coalition, Nevada State Higher Education Institutions, Services for Homeless Children, State Department of Education, Public television, and Head Start grantees including those providing services to children and families in tribal and migrant/seasonal programs.

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social and other services. Head Start programs serve children ages 3-5 and their families. Early Head Start programs serve pregnant women and children birth to 3 and their families. The federal Office of Head Start (OHS) provides grants to operate both Head Start and Early Head Start programs directly to public and private agencies in Nevada. Programs engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.

**Eligibility:** Head Start programs primarily serve children and families living in poverty. However, up to 10% of children and families enrolled do not have to meet any income requirement. 10% of each program's total enrollment must also be comprised of children with diagnosed disabilities or special needs. When the *"Improving Head Start for School Readiness Act of 2007"* was passed, programs were provided the flexibility to allow up to 35% of children living in families with incomes up to 130% of the federal poverty level, provided the program demonstrates that all eligible children living at or below the poverty level in the community had been given the opportunity for enrollment.

**Other:** In September 2009, Governor Gibbons established an Early Childhood Advisory Council by executive order. The Head Start Collaboration and Early Childhood Systems Office was appointed the coordinator of the Council's activities. Early Childhood Comprehensive Systems funding from the Health Resources and Services Administration supported the work of the Council in its first year. In September 2010, Nevada will receive its allocation for the Council from the Administration of Children and Families. The funding will be used to conduct a fiscal mapping project, a statewide assessment of the availability of quality early care and education, and a plan for providing high quality early childhood services to Nevada children in frontier, rural and urban communities.

**Comments:** In fiscal year 2010, Head Start programs in Nevada received more than \$25 million in Head Start funding to serve 2,754 children. That funding allowed approximately 9% of Nevada's eligible children (those living in poverty or below) to receive the comprehensive early childhood development services provided by these programs, even with Early Head Start and Head Start expansion grants provided through funding included in the American Recovery and Reinvestment Act.

# Nevada Department of Health & Human Services, Director's Office

## 1.05 Institutional Review Board

### **Program:**

The DHHS Institutional Review Board (IRB) reviews all research involving human subjects who are clients or staff of the department. Projects of department staff, University faculty and students, and other collaborators with the department are subject to this review. The IRB ensures compliance with basic ethical principles and guidelines regarding the acceptable conduct of research with human subjects, as required by the National Research Act. These principles include respect for the person, beneficence and justice. Respect for the person involves recognition of the personal dignity and autonomy of individuals and special protection of those persons with diminished capacity. Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risk of harm. Justice requires that the benefits and burdens of research be distributed fairly.

### **Membership:**

The IRB consists of at least five members with varying backgrounds to promote complete and adequate review of research activities within the Department. Members include: each agency in DHHS who conduct research with human subjects; at least one member who is not employed by DHHS and who is not an immediate family member of DHHS staff; at least one member whose primary concerns are in non-scientific areas; at least one person knowledgeable about working with vulnerable populations, such as children, prisoners, pregnant women, or persons with mental illness, developmental disabilities or physical disabilities.

# Nevada Department of Health & Human Services, Director's Office

## 1.06 Interagency Council on Homelessness

**Program:** The Nevada Interagency Council on Homelessness was created by Executive Order in February 2005 to coordinate and focus the state's efforts to effectively address the challenge of homelessness in the State of Nevada. The Council provides for an integrated approach regarding the issue of homelessness and promotes interagency cooperation. The Council works to increase the awareness of homeless issues among state and local government agencies and local organizations that provide services to people who are homeless. Further, the Council is charged with developing a ten-year plan to address chronic homelessness.

**Membership:** The Council consists of not more than twenty members appointed by the Governor. These members represent private businesses, state agencies and nonprofit organizations that provide services to homeless people, public housing and local governments. The membership also must include at least one person who is or has been homeless, as well as others with an interest in ending homelessness.

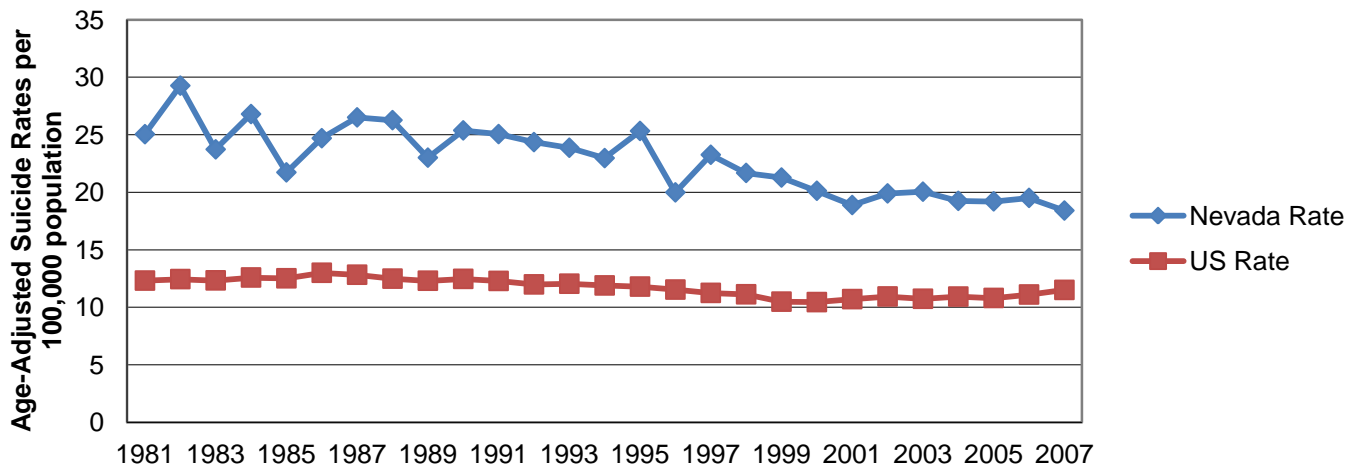
# Nevada Department of Health & Human Services, Director's Office

## 1.07 Suicide Prevention

### Program:

The Office of Suicide Prevention is the clearinghouse for suicide and suicide prevention information for State of Nevada. The Suicide Prevention Coordinator, located in Reno, and the Suicide Prevention Trainer and Networking Facilitator, located in Las Vegas, are responsible for the development, implementation and evaluation of the Nevada Suicide Prevention Plan (NSSP). The NSSP is a comprehensive plan with 11 goals and 35 objectives that encompasses the lifespan. In 2009, the Nevada Office of Suicide Prevention received its second Garrett Lee Smith Youth Suicide Prevention grant which enabled a Youth Suicide Prevention Coordinator and Youth Suicide Prevention Specialist to join the Office. Both positions were filled in 2010. Collaboration for suicide prevention is occurring in all regions of the state with strong partnership from local coalitions and the Nevada Coalition for Suicide Prevention.

**Comparison of NV and US Suicide Rates: 1981-2007**



### Comments:

#### **The Facts about Suicide**

- Nevada has the 5th highest rate in the nation at 18.4/100,000 in 2007. Alaska had the highest rate and NJ lowest.
  - Nevada's rate is nearly double the national average of 11.5/100,000.
  - Suicide is the 6th leading cause of death for Nevadans.
  - Suicide is the 3rd leading cause of death for our youth age 15-24.
  - Males make up 80% of suicide deaths.
  - Nevada seniors over 70 have the highest suicide rate in the nation, over double the national average rate for the same age group.
  - More Nevadans die by suicide than by homicide, HIV/AIDS or automobile accidents.
  - Native American Youth have a high rate of suicide.
  - Firearms are used in 57% of suicide deaths.
  - Average medical cost per suicide completion in Nevada: \$3,577.\*
  - Average work-loss cost per case: \$1,140,793.\*
- \*Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2006. Methodology for costs at [www.sprc.org](http://www.sprc.org), State Fact Sheets.

### **Website:**

<http://dhhs.nv.gov/SuicidePrevention.htm>



# **Nevada Department of Health & Human Services, Director's Office**

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# Nevada Department of Health & Human Services, ADSD

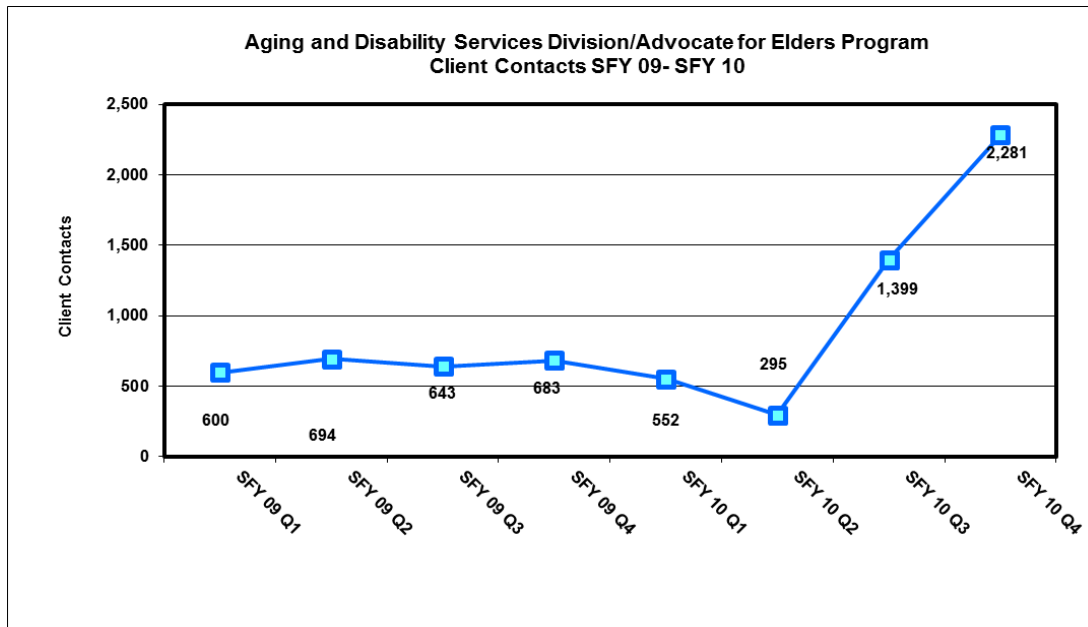
## 2.01 Advocates for Elders

### PROGRAM

The Aging and Disability Services Division (ADSD) Advocate for Elders program provides advocacy and assistance to frail, older adults and their family members to enable older adults to maintain their independence and make informed decisions.

### ELIGIBILITY

Seniors age 60 or older, primarily homebound residing in communities throughout Nevada.



### WORKLOAD HISTORY

Client Contacts			
SFY 2009	2,620		
SFY 2010	4,527		
FYTD		FYTD	Client Contacts
Jul 10	959	Jan 11	
Aug		Feb	
Sep		Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY11 Tot	959	Jul	
FY11 Avg	959		

### OTHER

"Client contacts" includes: phone calls, walk-ins, e-mail, postal mail, and contacts made on behalf of a client. Please note the program has 2.5 staff positions; one fulltime Advocate for Elders in Northern Nevada, one in Southern Nevada, and a half-time position in Elko to serve Elko area seniors.

### FUNDING STREAM

General Fund

### WEB LINKS

[http://www.nvaging.net/advocate\\_for\\_elders.htm](http://www.nvaging.net/advocate_for_elders.htm)

### ANALYSIS OF TRENDS

ADVOCATE FOR ELDERS: Historically, program contacts increase related to the Open Enrollment Period of the State Health Insurance Assistance Program (SHIP) which occurs during Quarter (Q)2 of each State Fiscal Year. The decrease in client contacts continuing into SFY09 is due to vacancy of a FT position in Southern Nevada, filled September 2008. Staff previously reported all client contacts, but in SFY09 began reporting only contacts specifically related to senior issues that required staff time to resolve. The Q1 and Q2 SFY 10 down trend is due to vacancies in both the Northern NV and Southern NV positions. The Q3/Q4 uptrend is due to all positions being filled and trained, better reporting as all contacts on the behalf of clients were not reported in the past and also likely due to Nevada's economic decline resulting in more requests for assistance.

# Nevada Department of Health & Human Services, ADSD

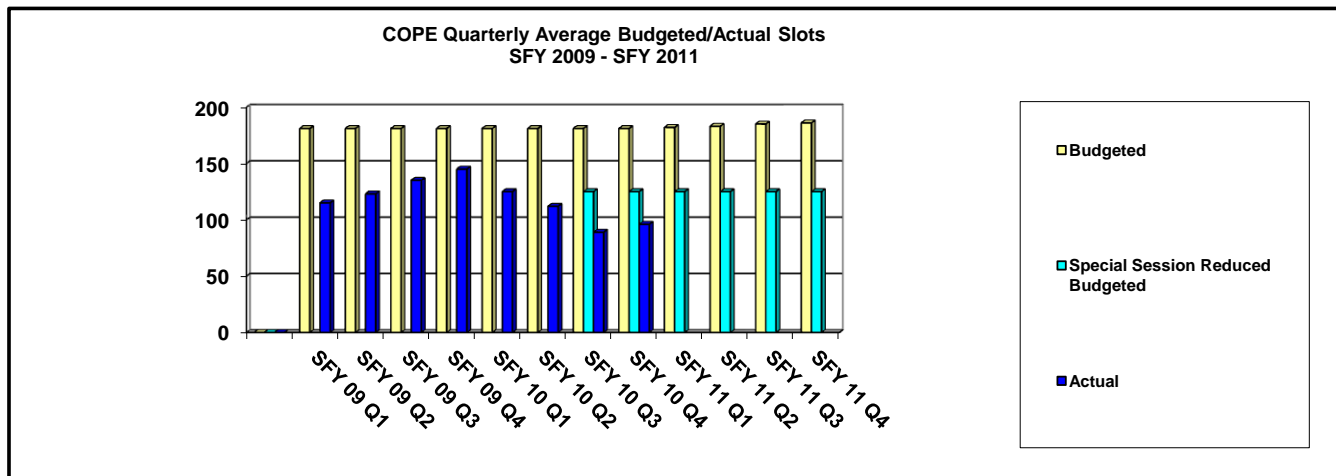
## 2.02 Community Options Program for the Elderly (COPE)

### PROGRAM

The Aging and Disability Services Division (ADSD) Community Service Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore and Respite.

### ELIGIBILITY

Must be 65 years old or older; financially eligible (for 2009 income up to \$2,923; assets below \$10,000 for an individual and \$30,000 for a couple); at risk of nursing home placement without COPE services to keep them in their home and community. Priority given to those meeting criteria of NRS 426 – unable to bathe, toilet and feed self without assistance.



### WORKLOAD HISTORY

FY 09: Avg Caseload	132	FY 11: Avg Caseload	91
FY 09: Budgeted Avg Caseload	181	FY 11: Budget Avg Caseload	184
FY 09: Avg Wait List	11	FY 11: Special Session Reduced	125
FY 09: Total Expenditures	\$1,320,324	FY 11: Avg Wait List	8
FY 10: Avg Caseload	102	FY 11: Total Expenditures	***
FY 10: Budgeted Avg Caseload	181		
FY 10: Special Session Reduced Budgeted**	125		
FY 10: Avg Wait List	4		
FY 10: Total Expenditures	\$760,126		

\*As of 6-30-10

<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>	<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>
Jul 10	91	8	Jan 11		
Aug			Feb		
Sep			Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
<b>FY10 Tot</b>	<b>91</b>	<b>8</b>			
<b>FY10 Avg</b>	<b>91</b>	<b>8</b>			

### OTHER

\*\*This caseload was affected by the Special Session Budget Reduction legislation effective 3-1-2010.

### FUNDING STREAM

GF/Independent Living Grant

### WEB LINKS

<http://www.nvaging.net/>

\*Actual expenditures are projected for SFY 2010, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actuals will be updated after the reconciliation of the quarter.

\*\*\* Due to budget preparation, expenditures will be updated at a later date.



# Nevada Department of Health & Human Services, ADSD

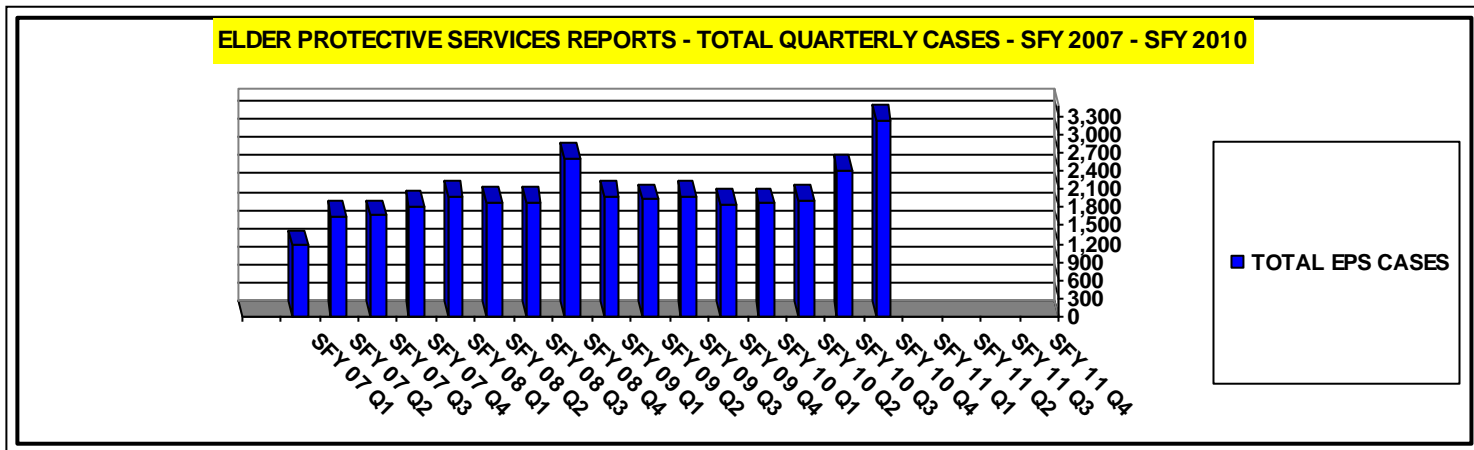
## 2.03 Elder Protective Services Program

### PROGRAM

Nevada Revised Statutes mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation and isolation of older persons, defined as 60 years or older. The Elder Protective Services (EPS) program utilizes licensed social workers to investigate elder abuse reports. Social workers provide interventions to remedy abusive, neglectful and exploitive situations. The investigation commences within three working days of the report. EPS may contact local law enforcement or emergency responders for situations needing immediate intervention. The Crisis Call Center handles after-hour calls for EPS. EPS refers cases where a crime may have been committed to law enforcement agencies for criminal investigation and possible prosecution. Self-neglect is the single largest problem reported. EPS social workers provide training to various organizations regarding elder abuse and mandated reporting laws.

### ELIGIBILITY

Any older person, defined by NRS as 60 years or older, is eligible. EPS investigates elder abuse reports in all counties of Nevada in both community and long-term care settings.



### WORKLOAD HISTORY

	TOTAL CASES	AVG CASES PER SOCIAL WORKER			
SFY 08	8,348	62			
SFY 09	7,735	56			
SFY 10	9,424	54			
	TOTAL CASES	AVG CASES PER SOCIAL WORKER		TOTAL CASES	AVG CASES PER SOCIAL WORKER
<u>FYTD</u>			<u>FYTD</u>		
Jul 10	1,229	65	Jan 11		
Aug			Feb		
Sep			Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
<b>FY 11 Tot</b>	<b>1,229</b>	<b>65</b>			
<b>FY 11 Avg</b>	<b>1,229</b>	<b>65</b>			

### FUNDING STREAM

TITLE XX - Title XX funds through the Nevada Department of Health & Human Services  
GENERAL FUND

### WEB LINK

[http://www.nvaging.net/protective\\_svc.htm](http://www.nvaging.net/protective_svc.htm)

### ANALYSIS OF TRENDS

TOTAL CASES - Total cases represent Total New Cases Received, Total Cases Investigated and Closed and Cases Carried Over from the Previous Months. The Average Cases per Social Worker represents the Total Cases divided by the Actual number of Social Workers. Clark County's Senior Citizen's Protective Services program transitioned to ADSD beginning February 1, 2010 and ending June 30, 2010. As of July 1, 2010, ADSD assumed full responsibility for all elder abuse investigations in Clark County making ADSD and law enforcement agencies the sole responders to reports of elder abuse statewide. The number of new cases gradually increased during the transition and is expected to level off during the first quarter of FY11.

# Nevada Department of Health & Human Services, ADSD

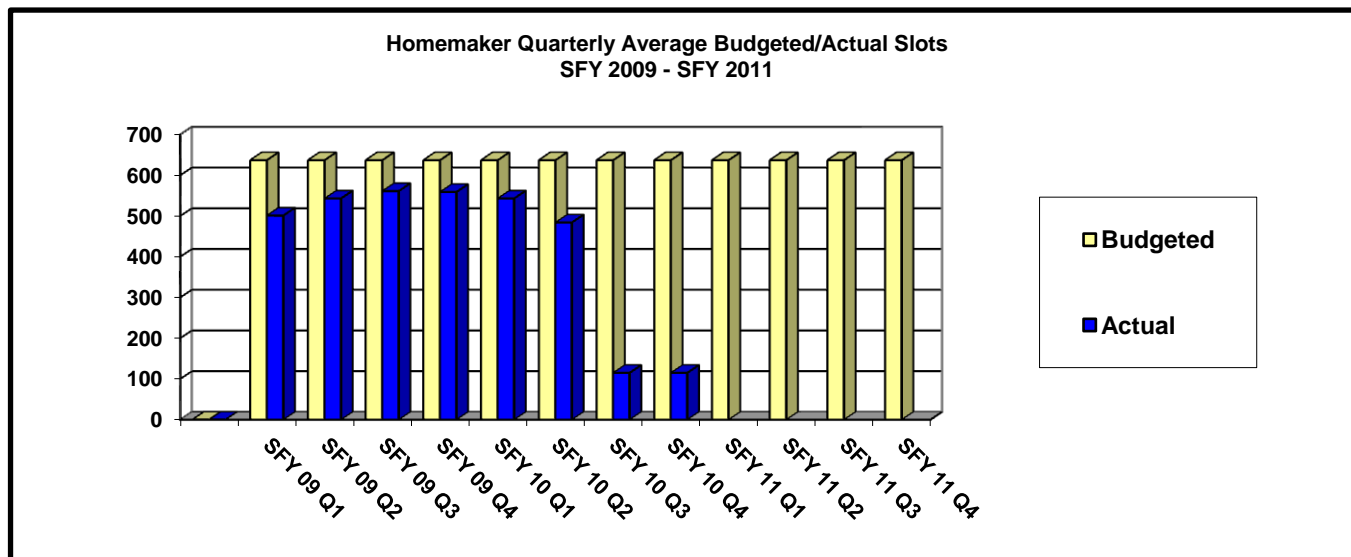
## 2.04 Homemaker Program

### PROGRAM

The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

### ELIGIBILITY

Seniors and person with disabilities throughout Nevada in need of supportive services; financially eligible (110% of Federal Poverty income below \$953.33 monthly).



### WORKLOAD HISTORY

FY 09: Avg Caseload	559	FY 11: Avg Caseload	115
FY 09: Budgeted Avg Caseload	637	FY 11: Budgeted Avg Caseload	637
FY 09: Avg Referral\Wait List	124	FY 11: Avg Referral\Wait List	7
FY 09: Total Expenditures	\$1,672,886	FY 11: Total Expenditures	**
FY 10: Avg Caseload	112		
FY 10: Budgeted Avg Caseload	637		
FY 10: Avg Referral\Wait List	5		
FY 10: Total Expenditures	\$909,816		

\*As of 6-30-2010

<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>	<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>
Jul 10	115	7	Jan 11		
Aug			Feb		
Sep			Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
<b>FY 11 Tot</b>	<b>115</b>	<b>7</b>			
<b>FY 11 Avg</b>	<b>115</b>	<b>7</b>			

### FUNDING STREAM

Title XX/GF

### WEB LINKS

[http://www.nvaging.net/homemaker\\_program.htm](http://www.nvaging.net/homemaker_program.htm)

### ANALYSIS OF TRENDS

FY 2010 2nd Q- Staff have focused on improving efficiency and retooling the program by implementing established policy and setting priorities to ensure services are provided to those seniors or persons with disabilities with the highest need, resulting in fewer new approvals.

\*Expenditure totals for SFY 2010 will appear low until reconciliation of direct services & administrative costs are completed. These amounts are not reconciled until several months after the closure of a quarter.

\*\* Due to budget preparation, expenditures will be updated at a later date.

# Nevada Department of Health & Human Services, ADSD

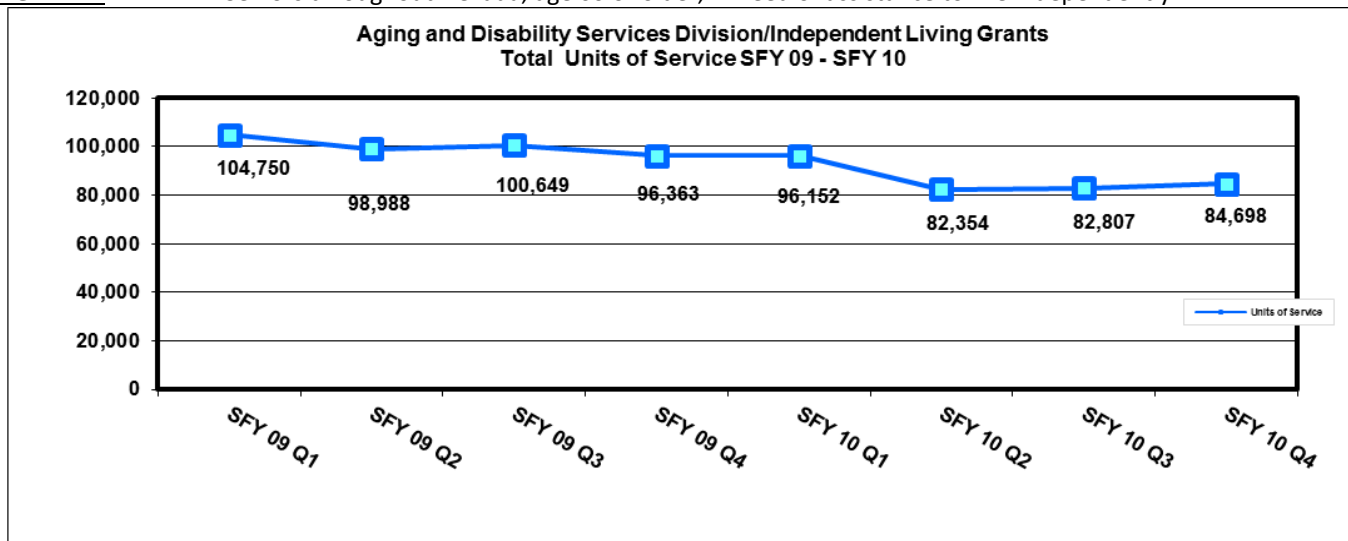
## 2.05 Independent Living Grants

### PROGRAM

Independent Living Grants (ILG): The Nevada State Legislature passed legislation in 1999, which enacted the Governor's plan for utilizing part of Nevada's proceeds from the Master Tobacco Settlement to support "independent living" among Nevada seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. Supportive services includes: adult day care; case management; case management for Elder Protective Services; caregiver support services; information, assistance and advocacy; companion services; durable medical equipment and healthcare products; geriatric health and wellness; homemaker services; home services; legal services; medical nutrition therapy; volunteer care; emergency food pantry; Personal Emergency Response System (PERS); protective services; and representative payee.

### ELIGIBILITY

Seniors throughout Nevada, age 60 or older, in need of assistance to live independently.



### WORKLOAD HISTORY

	Units of Service
SFY 2009	400,750
SFY 2010	346,011

<u>FYTD</u>	Units of Service	<u>FYTD</u>	Units of Service
Jul 10	24,302	Jan 11	
Aug		Feb	
Sep		Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
<b>FY 11 Tot</b>	<b>24,302</b>		
<b>FY 11 Avg</b>	<b>24,302</b>		

### OTHER

Reporting transitioned to SAMS in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information.

### FUNDING STREAM

Healthy Nevada Fund from the Tobacco Settlement Fund

### WEB LINKS

[http://www.nvaging.net/grants/grants\\_main.htm](http://www.nvaging.net/grants/grants_main.htm)

### ANALYSIS OF TRENDS

The decline from Quarter (Q)1 2010 to Q2 2010 is due to moving several programs to a different funding source, beginning October 1, 2009 when the new grant year began. It is also due to delays in grantee reporting. In addition, a large program is transitioning to a programmatic data update to improve accuracy in reporting between its current system and the SAMS system.

# Nevada Department of Health & Human Services, ADSD

## 2.06 Long Term Care Ombudsman Program (Elder Rights Advocates)

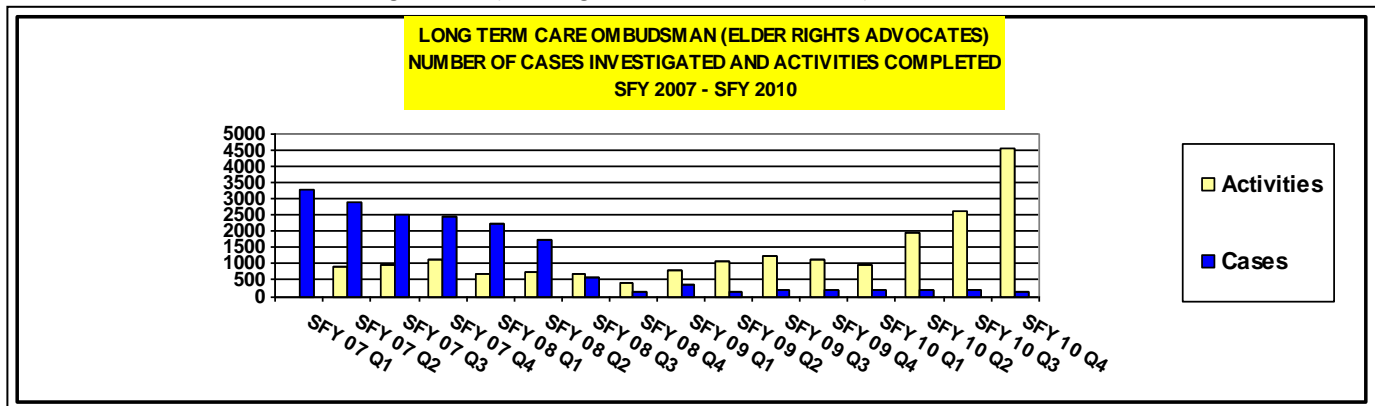
### PROGRAM

The Long Term Care (LTC) Ombudsman program is authorized by the federal Older American's Act. The Act requires that a statewide Ombudsman program investigate and resolve complaints made by or on behalf of older individuals who are residents of long term care facilities. The Act also requires numerous activities related to the promotion of quality care in LTC facilities. Elder Rights Advocates, also known as Ombudsmen, provide residents with regular and timely access to Ombudsman services by conducting routine visits to assigned facilities. They advocate for residents and provide information regarding services to assist residents in protecting their health, safety, welfare and rights. The Ombudsman Program is comprised of two basic components – a "case" or an "activity". A Case includes the investigation and resolution of particular complaints made by or on behalf of residents. Activities include duties such as consultation and training for facility staff, working with resident and family councils, participating in facility surveys, etc.

### ELIGIBILITY

Eligibility includes every older person, aged 60 years or older, living in a long term care facility including:

- Homes for Individual Residential Care
- Residential Facilities for Groups including Assisted Living Facilities
- Skilled Nursing Facilities
- Nursing Facilities (including Intermediate Care Facilities)



### WORKLOAD HISTORY

	ACTIVITIES COMPLETED	CASES INVESTIGATED			
SFY 08	625	1,151			
SFY 09	4,242	764			
SFY 10	10,016	682			
	ACTIVITIES COMPLETED	CASES INVESTIGATED		ACTIVITIES COMPLETED	CASES INVESTIGATED
<b>FYTD</b>			<b>FYTD</b>		
Jul 10	989	42	Jan 11		
Aug			Feb		
Sep			Mar		
Oct			Apr		
Nov			May		
Dec			Jun		
<b>FY 11 Tot</b>	<b>989</b>	<b>42</b>			
<b>FY 11 Avg</b>	<b>989</b>	<b>42</b>			

### FUNDING STREAM

TITLE III - Older Americans Act Funds through the Administration on Aging  
 TITLE VII - Older Americans Act Funds through the Administration on Aging  
 Medicaid Funds through the Division of Health Care Financing and Policy  
 GENERAL FUND

### WEB LINK

<http://www.nvaging.net/ltc.htm>

### ANALYSIS OF TRENDS

The change in the work history is expected. The Ombudsman program was restructured in 2008 in order to better comply with federal and state regulations related to Elder Abuse investigations. The manner in which the program obtained the majority of its cases from long term care facilities no longer exists as the facilities are no longer required to report non-complaint related resident events. At the same time, an unexpected decrease in funding occurred when Centers for Medicare and Medicaid Services (CMS) denied Medicaid billing for the Ombudsman program. This resulted in a significant decrease in the number of filled staff positions and the completion of routine monitoring visits. Please contact Kay Panelli at (775) 687-4210, ext. 254 or [kapanelli@aging.nv.gov](mailto:kapanelli@aging.nv.gov) for more information.

# Nevada Department of Health & Human Services, ADSD

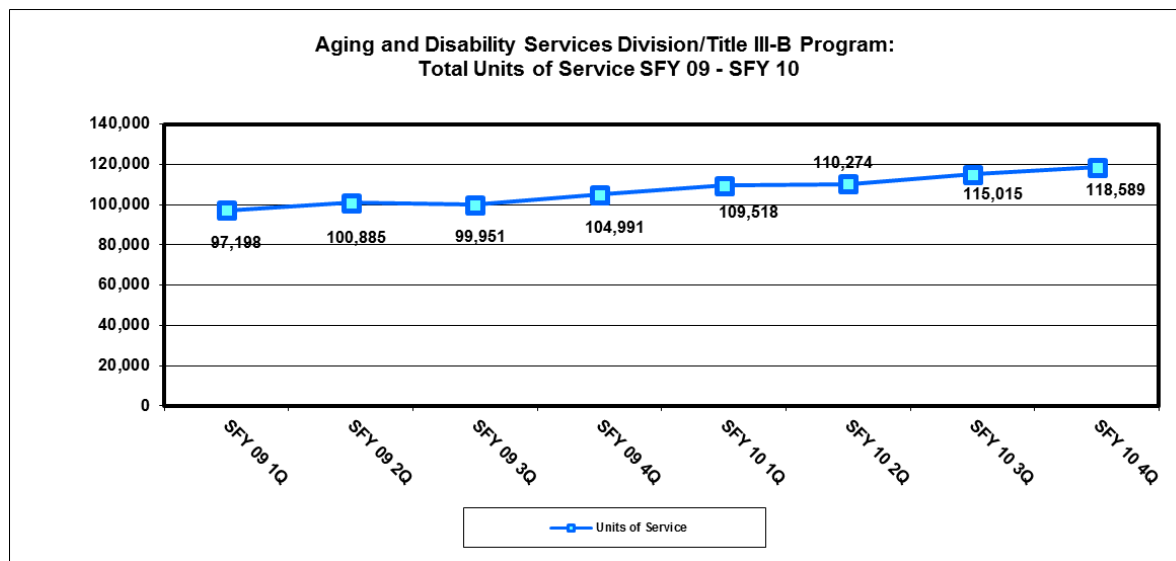
## 2.07 Older Americans Act Title III-B

### PROGRAM

Services are intended to maximize the informal support provided to older Americans, to enable them to remain living independently in their homes and communities. Services funded under Title III-B include: senior companion; transportation; adult day care; homemaker; information, assistance and advocacy; representative payee; caregiver support, education and training; legal services; telephone reassurance; volunteer services; Personal Emergency Response System (PERS); case management; respite; and transitional housing.

### ELIGIBILITY

Individuals throughout Nevada age 60 or older with particular attention to low-income older individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.



### WORKLOAD HISTORY

Units of Service	
SFY 2009	403,025
SFY 2010	453,396

Units of Service		Units of Service	
FYTD		FYTD	
Jul 10	38,468	Jan 11	
Aug		Feb	
Sep		Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 11 Tot	38,468		
FY 11 Avg	38,468		

### OTHER

Information totals are reported to the federal government on an annual basis. With the implementation of SAMS in SFY 2008, information totals can now be tracked and displayed on a monthly and quarterly basis.

### FUNDING STREAM

Title III - Older Americans Act (OAA) Funds through the Administration on Aging (AoA)  
General Fund

### WEB LINKS

[http://www.nvaging.net/grants/grants\\_main.htm](http://www.nvaging.net/grants/grants_main.htm)

### ANALYSIS OF TRENDS

The low units of service in SFY 2009 resulted from the continued improvement in accurate reporting by all grantees and a large program no longer funded, at its request. FY2010 increase is due to shifting grants previously funded by Independent Living Grants to funding from the federal OAA III-B social services funding stream and also the increasing need for services due to economic decline in Nevada.

# Nevada Department of Health & Human Services, ADSD

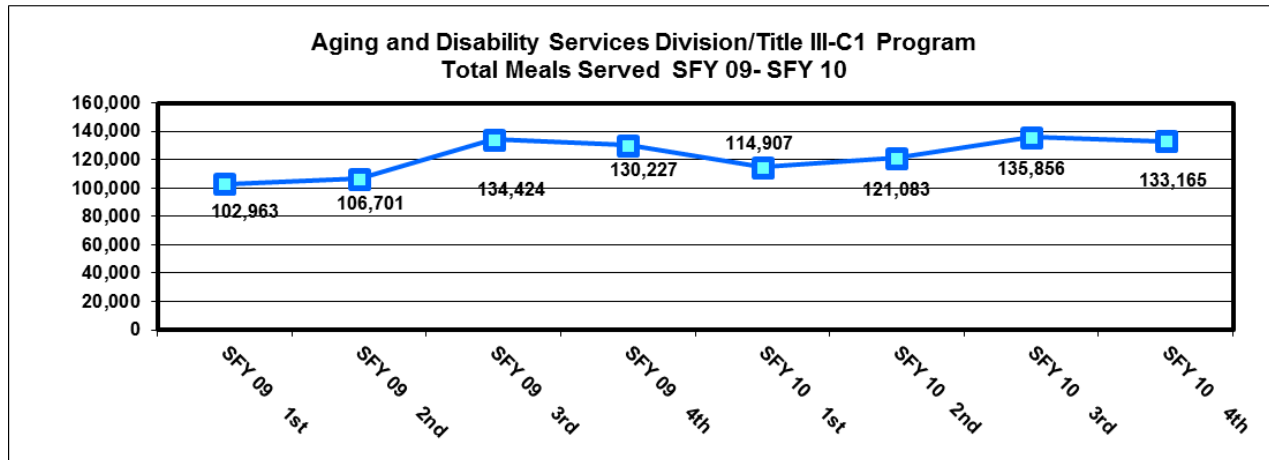
## 2.08 Older Americans Act Title III-C (1)

### PROGRAM

Funds under Title III-C1 are allocated to provide meals to seniors in congregate settings, usually at senior centers.

### ELIGIBILITY

Individuals age 60 or older and their spouses; individuals with disabilities who have not attained the age of 60, but reside in housing facilities occupied primarily by older individuals at which a congregate meal site has been established; individuals providing essential volunteer service during meal hours at a congregate setting; adults with disabilities who reside at home with an eligible older individual, who come into the congregate setting without that individual.



### WORKLOAD HISTORY

	Units of Service
SFY 2009	474,315
SFY 2010	505,011

### FYTD

	Units of Service
Jul 10	45,095
Aug	
Sep	
Oct	
Nov	
Dec	

<b>FY 11 Tot</b>	<b>45,095</b>
<b>FY 11 Avg</b>	<b>45,095</b>

### FYTD

	Units of Service
Jan 11	
Feb	
Mar	
Apr	
May	
Jun	

### OTHER

Reporting transitioned to SAMS in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information.

### FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging General Fund

### WEB LINKS

[http://www.nvaging.net/grants/serv\\_specs/nutrition.htm](http://www.nvaging.net/grants/serv_specs/nutrition.htm)

### ANALYSIS OF TRENDS

**Meals Served graph** - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Meal count trends are expected to increase slightly due to Nevada's economic decline. The trend in Q4 is Stable.

# Nevada Department of Health & Human Services, ADSD

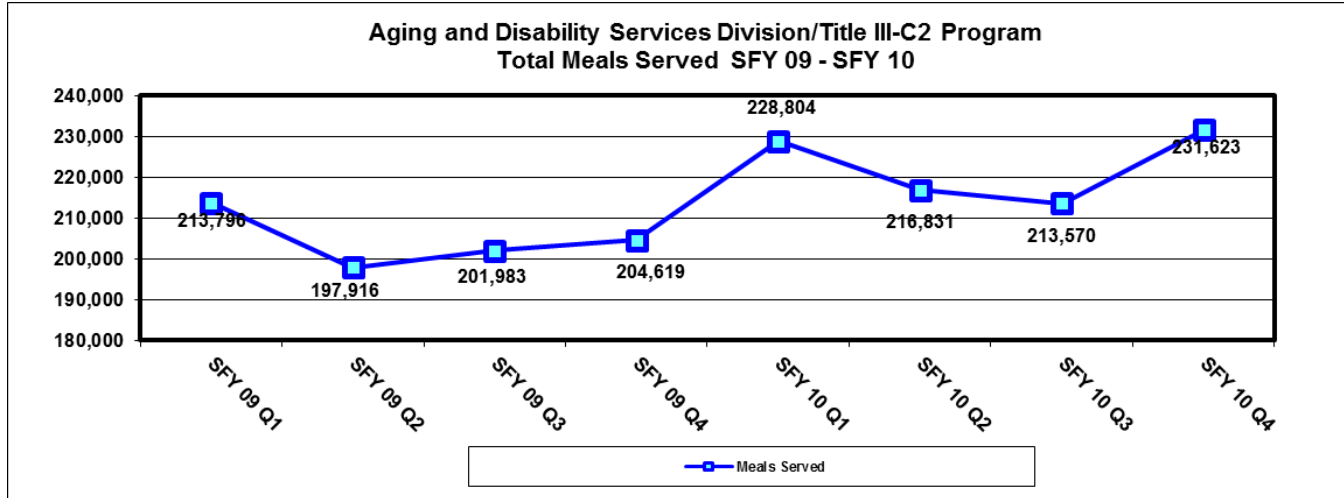
## 2.09 Older Americans Act Title III-C (2)

### PROGRAM

Title III-C2 funds are allocated to furnish meals to homebound seniors, who are too ill or frail to attend a congregate meal site.

### ELIGIBILITY

Individuals age 60 or older and their spouses and disabled individuals, who reside with individuals over age 60.



### WORKLOAD HISTORY

	Units of Service
SFY 2009	818,314
SFY 2010	890,828

<u>FYTD</u>	Units of Service	<u>FYTD</u>	Units of Service
Jul 10	83,718	Jan 11	
Aug		Feb	
Sep		Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
<b>FY 11 Tot</b>	<b>83,718</b>		
<b>FY 11 Avg</b>	<b>83,718</b>		

### OTHER

Reporting transitioned to SAMS in October 2007. SAMS is an information technology tracking system, allowing for improved consumer and performance tracking and information.

### FUNDING STREAM

Title III - Older Americans Act Funds through the Administration on Aging  
General Fund

### WEB LINKS

[http://www.nvaging.net/grants/serv\\_specs/nutrition.htm](http://www.nvaging.net/grants/serv_specs/nutrition.htm)

### ANALYSIS OF TRENDS

**Meals Served graph** - Numbers are reflected for State Fiscal Year and represent the number of meals served to participants of the program. Overall, comparing each quarter with the previous year's quarter, the number of meals served has slightly increased. The current uptrend is typical for Q4 and a result of slowing economic conditions nationwide and in Nevada.

# Nevada Department of Health & Human Services, ADSD

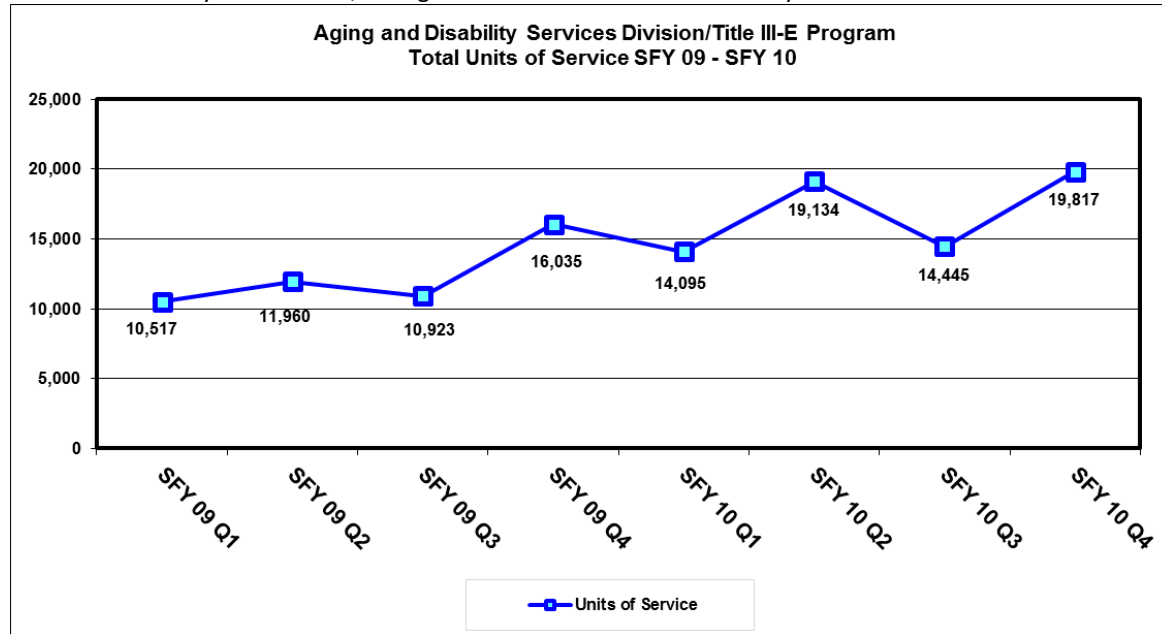
## 2.10 Older Americans Act Title III-E

### PROGRAM

The Older American Act program addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources.

### ELIGIBILITY

Family caregivers of adults age 60 or older; grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; parents, age 55 years or older, caring for an adult child with a disability.



### WORKLOAD HISTORY

	Units of Service
SFY 2009	49,435
SFY 2010	67,491

FYTD	Units of Service
Jul 10	7,704
Aug	
Sep	
Oct	
Nov	
Dec	
FY 11 Tot YTD	7,704
FY 11 Avg YTD	7,704

### OTHER

### FUNDING STREAM

### WEB LINKS

### ANALYSIS OF TRENDS

Information totals are reported to the federal government on an annual basis. With the implementation of the Social Assistance Management System (SAMS) in SFY 2008, information totals can now be tracked and displayed on a monthly and quarterly basis.

Title III - Older Americans Act Funds through the Administration on Aging

Healthy Nevada Fund from the Tobacco Settlement Fund

[http://www.nvaging.net/grants/serv\\_specs/SPE.htm](http://www.nvaging.net/grants/serv_specs/SPE.htm)

The increase trend is due to the greater accountability with program reporting through the assistance of the ADRC program manager position beginning September 2009. The increase in Quarter (Q)2 of SFY 2010 is due to the exceptionally high holiday voucher usage of a large program's clientele for Respite Care. The SFY 2010 Q4 increase is due to closeout voucher use for the fiscal year.



# Nevada Department of Health & Human Services, ADSD

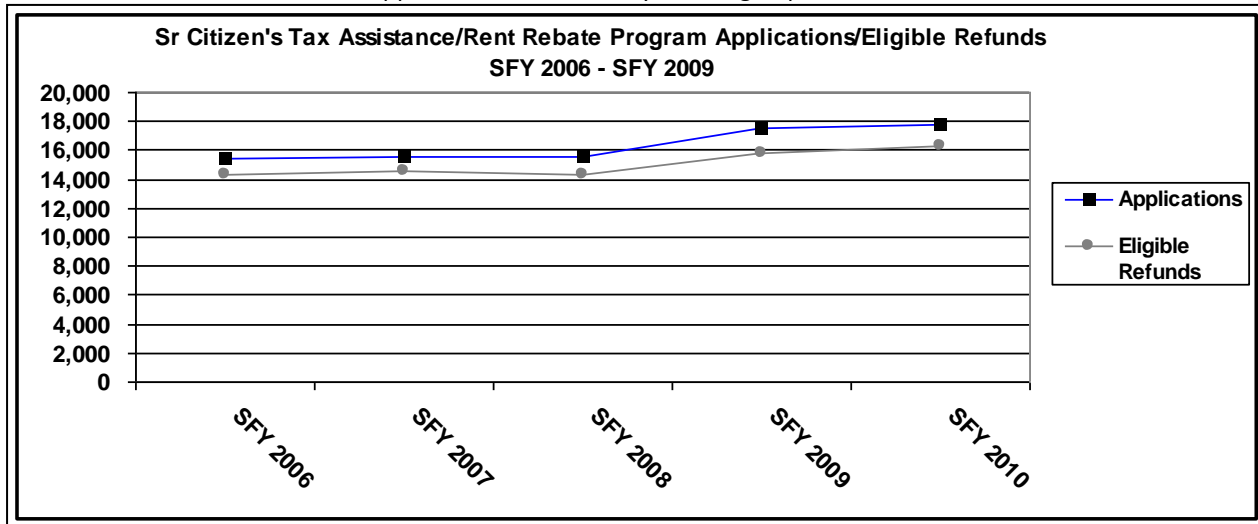
## 2.11 Senior Citizen's Tax Assistance/Rent Rebate Program

### PROGRAM

The Aging and Disability Services Division (ADSD) Senior Citizen's Tax Assistance/Rent Rebate Program (STARR), NRS 427A.450 through 427A.600, provides a yearly refund to eligible senior citizens of a portion of the property taxes they pay on their residence or by property taxes paid by renters, through their rent.

### ELIGIBILITY

Claimant must be 62 yrs old by June 30 of the first year they apply; spouse can be any age. Income must be below maximum of \$28,677 for 2010 applications. Maximum income is adjusted each year by Consumer Price Index (CPI). Claimant cannot own property, other than their residence, with an assessed value in excess of \$30,000. Liquid assets cannot exceed \$150,000. Residence owned must not exceed \$200,000 assessed value. Must have owned or rented in Nevada, continuously, from at least July 1 of the preceding calendar year until application filed, February 1 through April 30.



### WORKLOAD HISTORY

FY 08: Applications:	15,590
FY 08 Budgeted applications:	16,566
FY 08 Avg refund amount:	\$321
FY 08: Total Refunded:	\$5,189,157
FY 09: Applications:	17,573
FY 09 Budgeted applications:	17,146
FY 09 Avg refund amount:	\$294
FY 09: Total Refunded:	\$5,388,958
FY 10: Applications:	17,767
FY 10: Budgeted applications:	18,177
FY 10: Est. Avg refund amount:	\$335
FY 10: Proj. Total Refund:	\$5,647,690

### OTHER

Refunds are paid once per year for this program, therefore the Division reports statistics annually. Refunds are calculated for a "household" which includes a claimant and spouse (if applicable). Program is staffed by two full-time employees. Applications are filed in the individual county of residence. The counties do an initial review, verifying property ownership and affixing taxes paid then forwarding the applications to ADSD for final audit and issuing of refunds. Counties receive \$4.00 per application for processing.

Refunds for FY 09 for applicants above poverty level were reduced by 12.5% due to budget reductions and an increase in applications received from Clark County in response to a news broadcast.

### FUNDING STREAM

General Fund

### WEB LINKS

[http://www.nvaging.net/tax\\_rent\\_assistance.htm](http://www.nvaging.net/tax_rent_assistance.htm)

### ANALYSIS OF TRENDS

Trends remain stable through 5-31-10.

# Nevada Department of Health & Human Services, ADSD

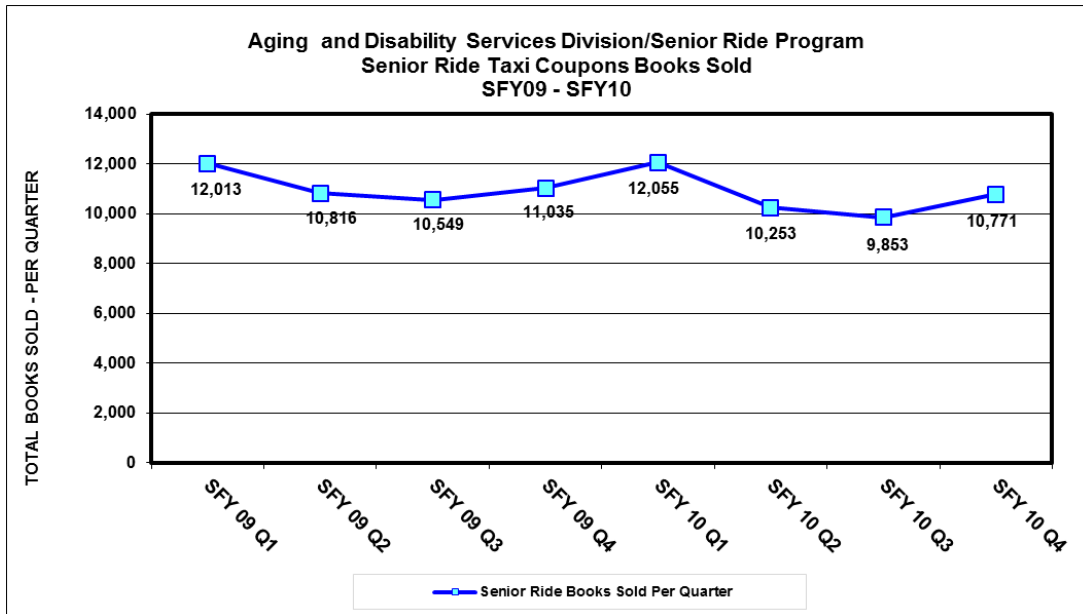
## 2.12 Senior Ride Program

### PROGRAM

Allows seniors age 60 and older and those of any age with permanent disability in Clark County to use taxicabs at a discounted rate. Funded by the Clark County Taxicab Authority by a surcharge on taxicab rides.

### ELIGIBILITY

Age 60 or older or permanently disabled of any age.



### WORKLOAD HISTORY

Total Books Sold			
SFY 2009	44,413		
SFY 2010	42,932		
FYTD		FYTD	
Jul 10	3,509	Jan 11	
Aug		Feb	
Sep		Mar	
Oct		Apr	
Nov		May	
Dec		Jun	
FY 11 Tot	3,509		
FY 11 Avg	3,509		

### OTHER

Currently, 6,472 individuals are enrolled in the program as active participants. The Chart depicts the total number of books sold each quarter per state fiscal year. The number of books available for sale is limited by the amount of funding received from the Clark County Taxicab Authority. The Senior Ride program reduced the number of books available for sale from five to four due to Budget constraints September 1st, 2009.

### FUNDING STREAM

Taxicab Authority

### WEB LINKS

[http://www.nvaging.net/senior\\_ride.htm](http://www.nvaging.net/senior_ride.htm)

### ANALYSIS OF TRENDS

This program typically has its highest coupon book sales during Q1 and Q4 of each SFY, which are also the warmest months in Clark County. The downward trend depicts the decrease in available coupon books to sell, associated with the end of the year.

# Nevada Department of Health & Human Services, ADSD

## 2.13 Senior Rx and Disability Rx

### PROGRAM

Nevada Senior Rx and Disability Rx assist eligible applicants to obtain essential prescription medications. Members who are not eligible for Medicare pay \$10 for generic drugs and \$25 for brand drugs. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap.

### ELIGIBILITY

Residency -- Continuous Nevada resident for the 12 months prior to application. Annual Household Income Limit -- Effective 1/1/2010 = \$25,477 for singles, \$33,963 for couples. Age -- For Senior Rx, age 62 or older. For Disability Rx, age 18 through 61 with a verifiable disability.

### WORKLOAD HISTORY

	Senior Rx	Disability Rx
FY 07: Avg Cases:	6,231	406
FY 07: Tot Expend:*	\$2,337,288	\$316,805
FY 07: Tot # Apps:	898	423
FY 08: Avg Cases:	5,244	507
FY08: Tot Expend:**	\$3,151,058	\$455,791
FY08: Tot # Apps:	1,189	263
FY09: Avg Cases	4,887	498
FY09: Tot Expend	\$2,726,454	\$345,918
FY09: Tot # Apps	1,275	344
FY10: Avg Cases	4,786	508
FY10: Tot Expend***		
FY10: Tot # Apps	1,300	350
FY11: Avg Cases	3,799	404
FY11: Tot Expend		
FY11: Tot # Apps	35	6

### FYTD

	Caseload	Caseload
JUL 10	3,799	404
Aug		
Sep		
Oct		
Nov		
DEC		
JAN 11		
Feb		
Mar		
Apr		
May		
Jun		
<b>FY11 Tot</b>	<b>3,799</b>	<b>404</b>
<b>FY11 Avg</b>	<b>3,799</b>	<b>404</b>

Source: Monthly Program Reports from FY06 through FY10-YTD

### COMMENT

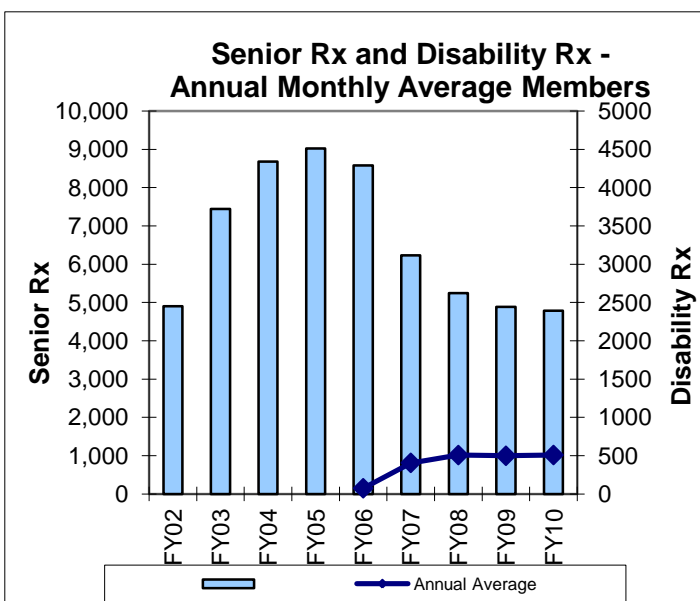
Enrollment has experienced a steady decline but now appears to be leveling off for a variety of reasons. These include: The roll out of Medicare Part D in 2006 resulted in the disenrollment of approximately 1,000 members whose needs were met through part D. A sufficient number of years of data is available to begin refining projections and changing the subsidy amounts to assure complete spend down of the approved budget.

### WEBSITE

<http://dhhs.nv.gov/SeniorRx.htm>

\*Note that an additional \$157,916 was expended in FY07 for stale Medicare Part D premium subsidy claims, but the amount cannot accurately be allocated between Senior Rx and Disability Rx.

\*\*\*Due to budget preparation, expenditures will be updated at a later date.



# Nevada Department of Health & Human Services, ADSD

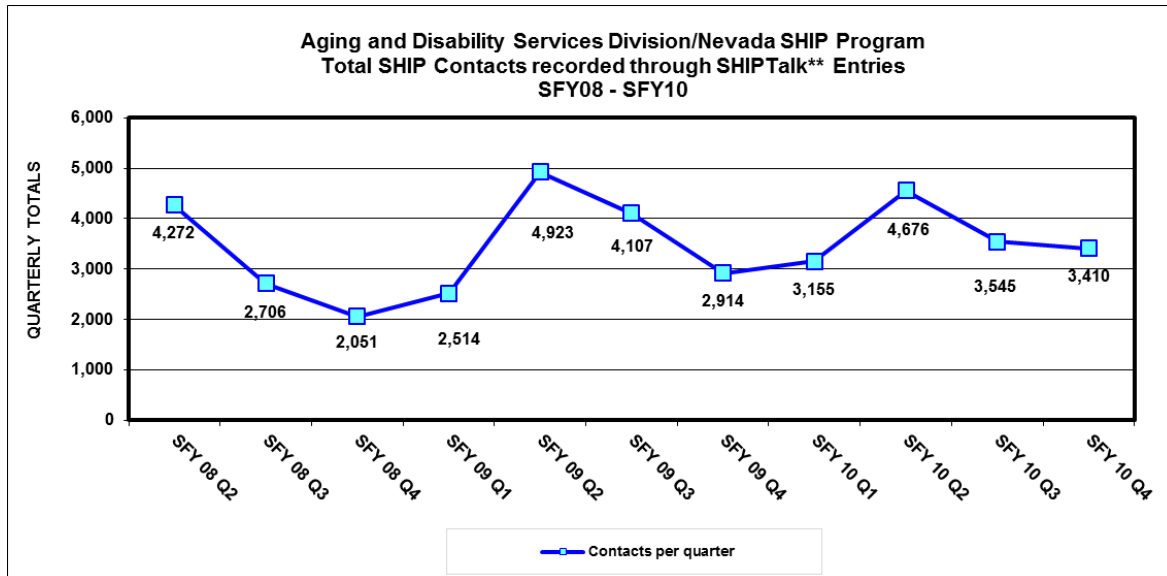
## 2.14 State Health Insurance Assistance Program (SHIP)

### PROGRAM

Provides information, counseling, and assistance services to Medicare beneficiaries, their families and others. These services are provided relevant to: Medicare Part D Prescription Drug Coverage; Medicare Part A; Medicare Part B; Medicare supplemental insurance; long-term care insurance; Medicare Advantage; Extra Help Part D drug program; beneficiary rights and grievance appeal procedures. Referrals to other community resources are made as needed.

### ELIGIBILITY

Seniors age 65 or older and/or disabled persons of any age.



\*\* Contacts are recorded through the CMS SHIPTalk tracking system entries.

### WORKLOAD HISTORY

SFY 09 Total SHIP Contacts	14,458
SFY 09 Monthly Average	1,205
SFY 10 Total SHIP Contacts	14,668
SFY 10 Monthly Average	3,667

### FYTD

#### **Q1 11**

Total SHIP Contacts	0
Monthly Average	0

#### **Q3 11**

Total SHIP Contacts	0
Monthly Average	0

#### **Q2 11**

Total SHIP Contacts	0
Monthly Average	0

#### **Q4 11**

Total SHIP Contacts	0
Monthly Average	0

### OTHER

SHIP utilizes trained volunteers for outreach and communication. Services are advertised through outreach events, websites, referrals and training. Medicare beneficiaries call a statewide, toll-free phone number and are referred to a trained volunteer to assist with questions to help solve problems. SHIP contacts/encounters are entered into the Centers for Medicare and Medicaid Services (CMS) database and reported periodically as required to CMS. The Centers for Medicare and Medicaid Services (CMS)

### FUNDING STREAM

### WEB LINKS

[http://www.nvaging.net/ship/ship\\_main.htm](http://www.nvaging.net/ship/ship_main.htm)

### ANALYSIS OF TRENDS

Due to complexities associated with Medicare assistance, counseling sessions are more time consuming and involved in case management, and require providing beneficiaries with a number of referrals and assistance with Medicare needs. Volunteers are reluctant to do counseling because of the complexity of the job and the time commitment for training and counseling. At the start of the 2009-10 Grant Year (April 2009), SHIP had 75 volunteers statewide. As of June 30, 2010, there are 56 volunteers statewide, 30 of whom are CMS Certified Counselors.

# Nevada Department of Health & Human Services, ADSD

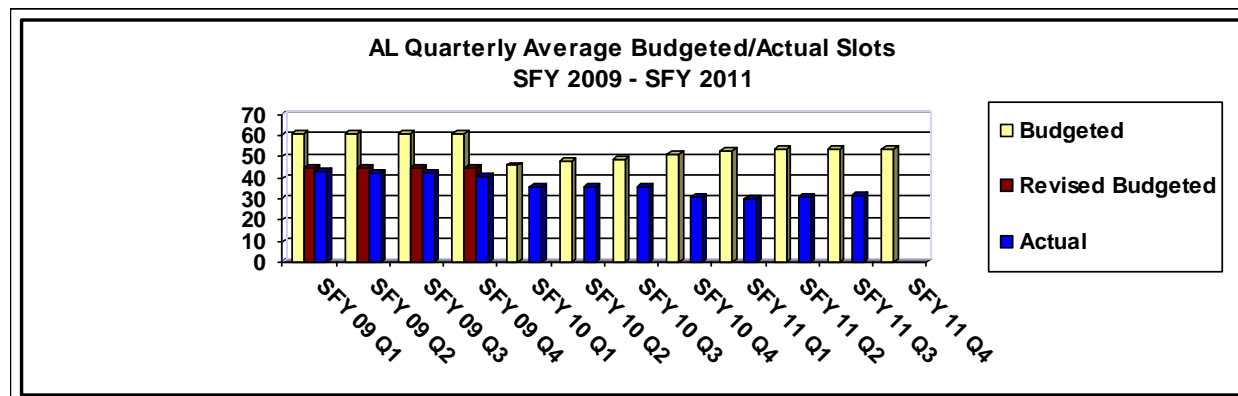
## 2.15 Waiver – Assisted Living

### PROGRAM

The Aging and Disability Services Division (ADSD) Assisted Living (AL) waiver maximizes the independence of Nevada's frail elderly by providing assisted living supportive services to eligible individuals in a residential facility that offers 24-hour supervised care, individual living units, a kitchenette, sleeping area or bedroom, and contains private toilet facilities. Waiver services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; and augmented personal care services which include assistance and supervision with the activities of daily living such as mobility, bathing, dressing, oral hygiene, toileting, transferring, ambulating, feeding, medication oversight (to extent permitted under State law).

### ELIGIBILITY

Must be 65 years old or older; financially eligible (300% of SSI income up to \$2,022.00); at risk of nursing home placement within 30 days. Must also meet low income tax credit housing requirements.



### WORKLOAD HISTORY

FY 09: Avg Caseload	41	FY 11: Avg Caseload	31
FY 09: Budgeted Avg Caseload	61	FY 11: Budgeted Avg Caseload	54
FY 09: Revised Budgeted Avg	45	FY 11: Avg Wait List	1
FY 09: Avg Wait List	2	FY 11: Total Expenditures	\$68,381
FY 09: Total Expenditures	\$175,191		As of April 1,
FY 10: Avg Caseload	35		2011.
FY 10: Budgeted Avg Caseload	48		
FY 10: Avg Wait List	0		
FY 10: Total Expenditures	\$139,157		

<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>	<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>
July 10	31	0	Jan 11	32	0
Aug	30	0	Feb	32	1
Sept	30	2	Mar	32	0
Oct	31	1	Apr		
Nov	32	0	May		
Dec	32	1	Jun		
<b>FY11 Tot</b>	<b>282</b>	<b>5</b>			
<b>FY11 Avg</b>	<b>31</b>	<b>1</b>			

### OTHER

Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFFP.

### FUNDING STREAM

Medicaid/GF (GF in DHCFFP's budget)

### WEB LINKS

<http://www.nvaging.net/>

\*Actual expenditures are projected for SFY 2011, as the reconciliation of direct services and administrative costs are not completed until several months after the closure of a quarter. Actual expenditures will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

# Nevada Department of Health & Human Services, ADSD

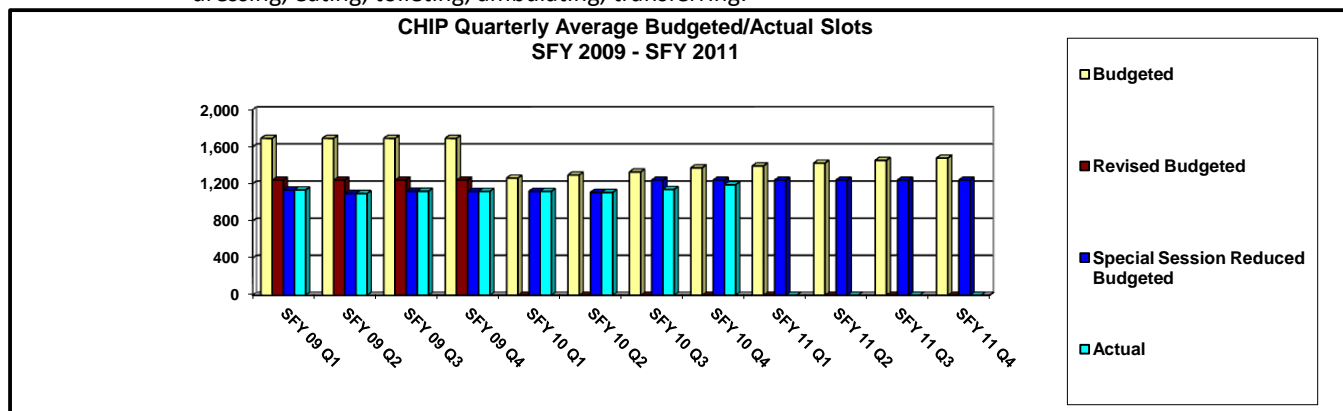
## 2.16 Waiver – Community Home Based Initiatives Program (CHIP)

### PROGRAM

The Aging and Disability Services Division (ADSD) Community Home Based Initiatives Program (CHIP) provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. CHIP services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Nutrition Therapy and access to State Plan personal care services.

### ELIGIBILITY

Must be 65 years old or older; at risk of nursing home placement within 30 days without services; financially eligible (300% of SSI income up to \$2,022.00); need assistance with one or more of the following: bathing, dressing, eating, toileting, ambulating, transferring.



### WORKLOAD HISTORY

FY 09: Avg Caseload	1,120	FY 11: Avg Caseload	1,120
FY 09: Budgeted Avg Caseload	1,691	FY 11: Budgeted Avg Caseload	1,438
FY 09: Revised Budgeted Avg	1,241	FY 11: Revised Budgeted Avg	1,241
FY 09: Avg Wait List	152	FY 11: Avg Wait List	141
FY 09: Total Expenditures	\$6,507,112	FY 11: Total Expenditures	***
FY 10: Avg Caseload	1,134		
FY 10: Budgeted Avg Caseload	1,313		
FY 10: Special Session Reduced Budgeted**	1,241		
FY 10: Avg Wait List	108		
FY 10: Total Expenditures	\$4,083,228	*As of 6-30-10	

<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>	<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>
Jul 10	1,120	141	Jan 11		
Aug			Feb		
Sep			Mar		
Oct			Apr		
Nov			May		
Dec			June		
<b>FY11 Tot</b>	<b>1,120</b>	<b>141</b>			
<b>FY11 Avg</b>	<b>1,120</b>	<b>141</b>			

### OTHER

\*\*This caseload was affected by the Special Session Budget Reduction legislation effective 3-1-2010. Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFF.

### FUNDING STREAM

Medicaid/GF (GF in DHCFF's budget)

### WEB LINKS

<http://www.nvaging.net/chip.htm>

\*Actual expenditures are projected for SFY 2010, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actuals will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

\*\*\* Due to budget preparation, expenditures will be updated at a later date

NOTE: In July 2009, the CHIP waiver providers converted to direct bill; consequently, all costs for Purchase of Service are paid by DHCFF. \$1,106,659 of the budgeted authority is for CHIP Purchases of Services and will not be expended by the Division; DHCFF has the General Fund match for these services in their budget.

# Nevada Department of Health & Human Services, ADSD

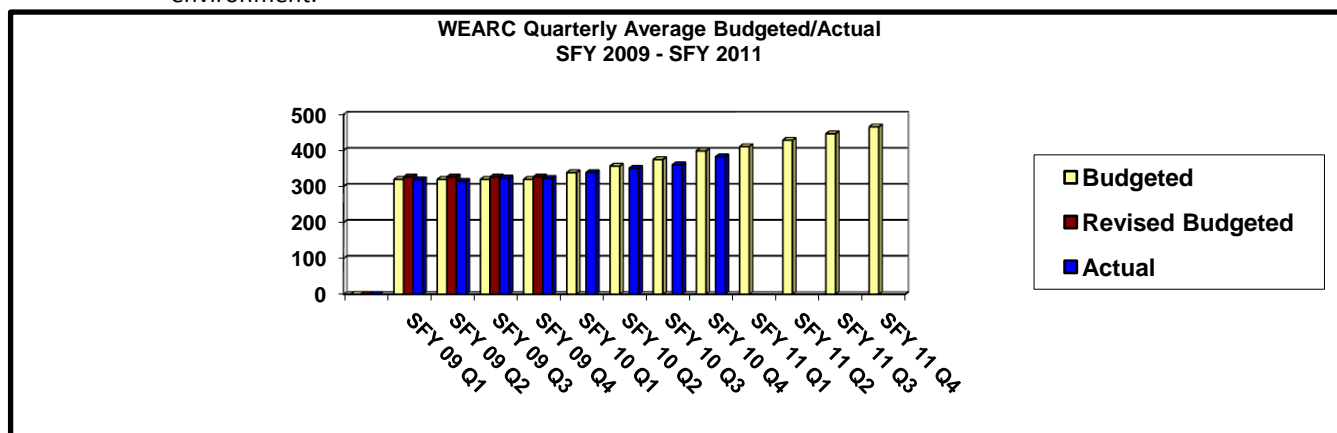
## 2.17 Waiver for the Elderly in Adult Residential Care

### PROGRAM

The Aging and Disability Services Division (ADSD) Waiver for the Elderly in Adult Residential Care (WEARC) is offered to seniors to maximize independence by providing supervised care in a residential facility for groups as a less expensive alternative to nursing home placement. WEARC services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; Attendant Care services are provided by the group home and can include bathing, dressing, transferring, walking, oral care, feeding, toileting, transportation.

### ELIGIBILITY

Must be 65 years old or older; financially eligible (300% of SSI income up to \$2,022.00); at risk of nursing home placement within 30 days without services and in need of a more integrated and supervised environment.



### WORKLOAD HISTORY

FY 09: Avg Caseload	319	FY 11: Avg Caseload	385
FY 09: Budgeted Avg Caseload	319	FY 11: Budgeted Avg Caseload	437
FY 09: Revised Budgeted Avg	326	FY 11: Avg Wait List	76
FY 09: Avg Wait List	108	FY 11: Total Expenditures	**
FY 09: Total Expenditures	\$1,241,686		
FY 10: Avg Caseload	356		
FY 10: Budgeted Avg Caseload	365		
FY 10: Avg Wait List	68		
FY 10: Total Expenditures	\$1,270,891	*As of 6-30-10	

<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>	<u>FYTD</u>	<u>Caseload</u>	<u>Waitlist</u>
Jul 10	385	76	Jan 11	356	58
Aug			Feb	366	53
Sep			Mar	360	59
Oct			Apr	369	64
Nov			May	375	68
Dec			Jun	382	66
<b>FY 11 Tot</b>	<b>385</b>	<b>76</b>			
<b>FY 11 Avg</b>	<b>385</b>	<b>76</b>			

### OTHER

Revised Budgeted slots were required for SFY 09 due to the mandated budget reductions through DHCFP.

### FUNDING STREAM

Medicaid/GF (GF in DHCFP's budget)

### WEB LINKS

<http://www.nvaging.net/wearc.htm>

### ANALYSIS OF TRENDS

Trends remain stable.

\*Actual expenditures are projected for SFY 2010, as the reconciliation of direct services & administrative costs are not completed until several months after the closure of a quarter. Actuals will be updated after the reconciliation of the quarter and the Medicaid Administrative billing is completed.

\*\* Due to budget preparation, expenditures will be updated at a later date.

# Nevada Department of Health & Human Services, ADSD

## 2.18 Disability Services – Independent Living

### PROGRAM

The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The program provides one-time services that are not provided on an ongoing basis.

### ELIGIBILITY

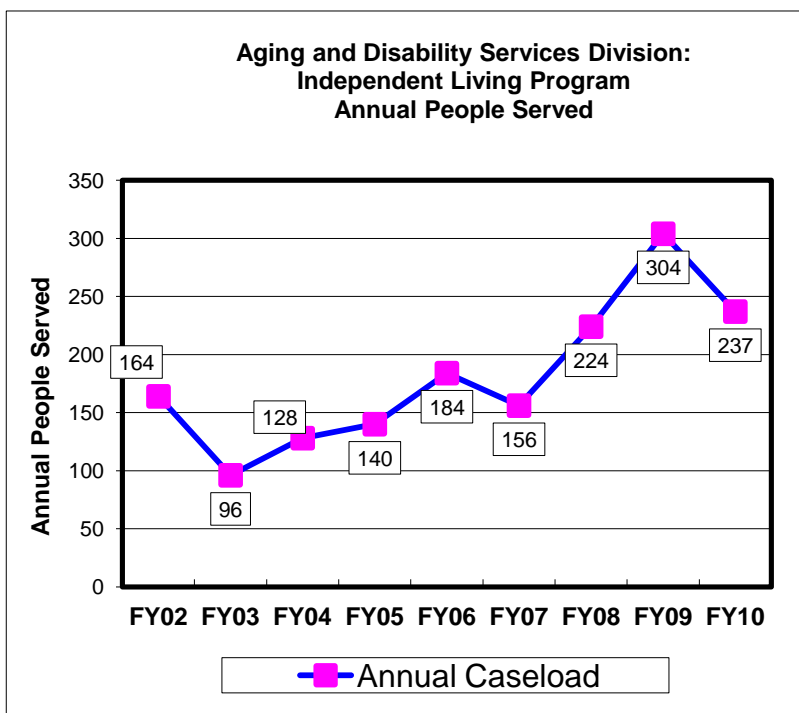
Applicant must have a severe disability that results in significant limitation in their ability to perform functions of daily living, and there must be an expectation that services will help to improve or maintain their independence.

### WORKLOAD HISTORY

FY 09 Applications:	249
FY 09 Cases Closed:	304
FY 09 Expenditures:	\$615,912
FY 10 Applications:	293
FY 10 Cases Closed:	237
FY 10 Expenditures:	\$646,201

### FYTD CASELOAD

JUL 10	56
Aug	
Sep	
Oct	
Nov	
Dec	
JAN 11	
Feb	
Mar	
Apr	
May	
JUN 11	
FY11 Tot	56
FY11 Avg	56



### PER CAPITA/KEY DEMOGRAPHICS

The average household income of program applicants is less than \$1,650 per month with average household size of 1.8 people. The most commonly provided services are home and vehicle modifications that provide wheelchair access. This program is impacted by the US Supreme Court's Olmstead Decision. Thus, the waiting time must not exceed 90 days.

### OTHER

Funding for this program is provided through a Federal and State partnership. It is a "resource of last resort," meaning that applicants must exhaust other public and private resources before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

### WEBSITE

[http://dhhs.nv.gov/ODS\\_Programs\\_AssistiveTech-IndependentLiving.htm](http://dhhs.nv.gov/ODS_Programs_AssistiveTech-IndependentLiving.htm)



# Nevada Department of Health & Human Services, ADSD

## 2.19 Disability Services – Personal Assistance Services

### PROGRAM

This program provides in-home assistance with daily tasks like bathing, toileting and eating. Service recipients share in the cost of their services, based upon a sliding scale formula. Services are typically provided on an ongoing basis, however some applicants have terminal conditions and are only assisted for short-term periods. The program's caseload data tracks institutionalized and terminal individuals separately.

### ELIGIBILITY

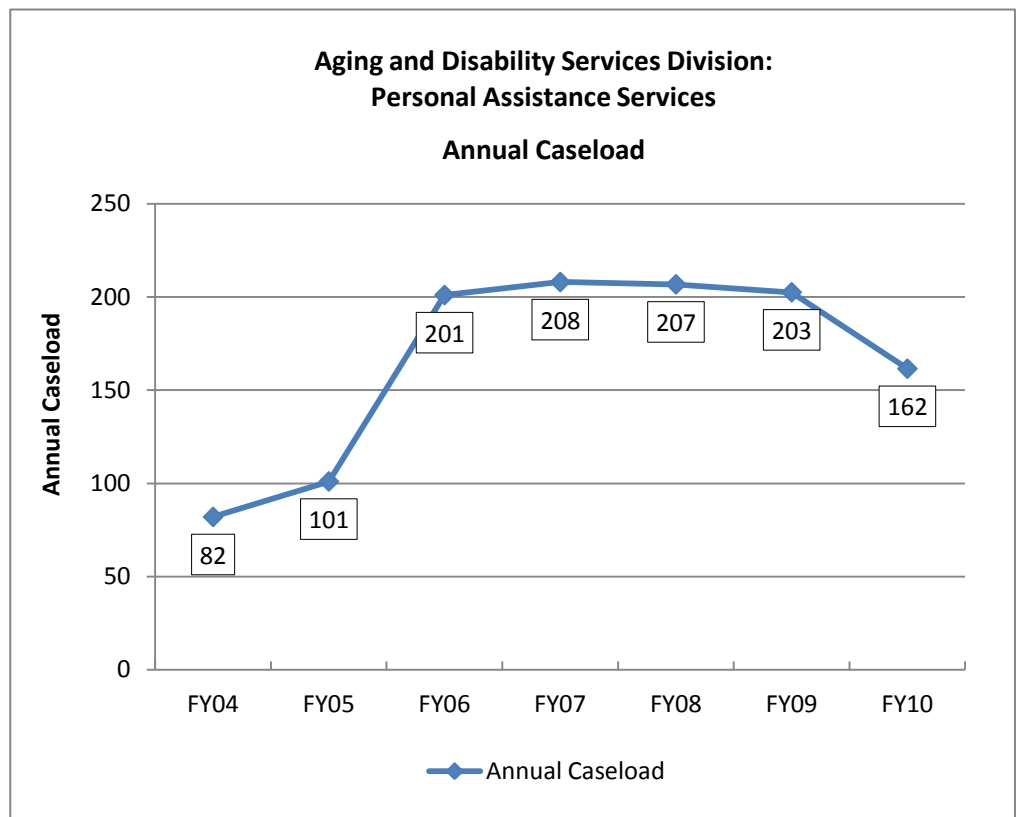
Applicants must be over age 18, have a severe physical disability, need assistance with bathing toileting AND eating, and must have all their care needs addressed when the resources of this program are combined with other resources available to the applicant (family, friends, assistive technology, private-pay care, etc.).

### WORKLOAD HISTORY

FY 09 Applications:	222
FY 09 Cases Closed:	131
FY 09 Expenditures:	\$3,827,436
FY 10 Applications:	101
FY 10 Cases Closed:	64
FY 10 Expenditures:	\$3,346,251

### FYTD CASELOAD

JUL 10	
Aug	
Sep	
Oct	
Nov	
Dec	
JAN 11	
Feb	
Mar	
Apr	
May	
JUN 11	
FY11 Tot	147
FY11 Avg	147



\* The increase in applications for April 2010 is a direct result of releasing state funds that were frozen due to possible budget cuts.

### PER CAPITA/KEY DEMOGRAPHICS

This program is impacted by the US Supreme Court's Olmstead Decision. Thus, the waiting time must not exceed 90 days. The average monthly household income for program recipients is 230% of the federal poverty level.

### WEBSITE

[http://dhhs.nv.gov/ODS\\_Programs\\_PersonalAssistanceService.htm](http://dhhs.nv.gov/ODS_Programs_PersonalAssistanceService.htm)

### OTHER

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of PAS, before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends.

# Nevada Department of Health & Human Services, ADSD

## 2.20 Disability Services – Traumatic Brain Injury Services

### PROGRAM

The Traumatic Brain Injury Program provides one-time rehabilitation services that enable recipients to gain or maintain a level of independence, by re-learning how to walk, talk and conduct other routine activities. After a person is injured, there is a short window of opportunity in which they can be effectively rehabilitated.

### ELIGIBILITY

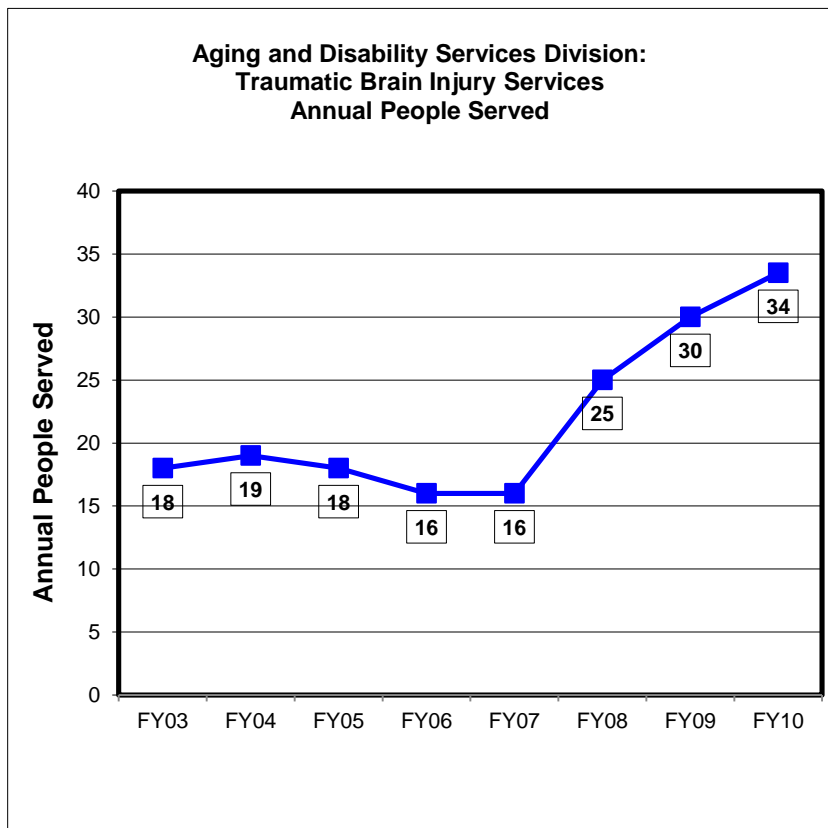
Applicants are generally between age 18 and 50, must have a recent brain injury, and must present as a good candidate for successful rehabilitation.

### WORKLOAD HISTORY

FY 09 Applications:	37
FY 09 Cases Closed:	30
FY 09 Expenditures:	\$1,037,702
FY 10 Applications:	53
FY 10 Cases Closed:	34
FY 10 Expenditures:	\$1,587,284

### FYTD CASELOAD

JUL 10	12
Aug	
Sep	
Oct	
Nov	
Dec	
JAN 11	
Feb	
Mar	
Apr	
May	
JUN 11	
FY11 Tot	12
FY11 Avg	12



### PER CAPITA/KEY DEMOGRAPHICS

This program is impacted by the US Supreme Court's Olmstead Decision. Thus, the waiting time must not exceed 90 days. Traumatic Brain Injury is SIX TIMES more common than breast cancer, HIV/AIDS, spinal cord injuries and Multiple Sclerosis COMBINED.

### OTHER

Funding for this program is provided entirely through the State general fund. This program is a "resource of last resort," meaning that applicants must exhaust other sources of funding before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends. The number of applications shown is for those applicants who meet the program's criteria for having maximum rehabilitation potential.

### WEBSITE

[http://dhhs.nv.gov/ODS\\_Programs\\_TraumaticBrainInjuryRehab.htm](http://dhhs.nv.gov/ODS_Programs_TraumaticBrainInjuryRehab.htm)

# Nevada Department of Health & Human Services, DCFS

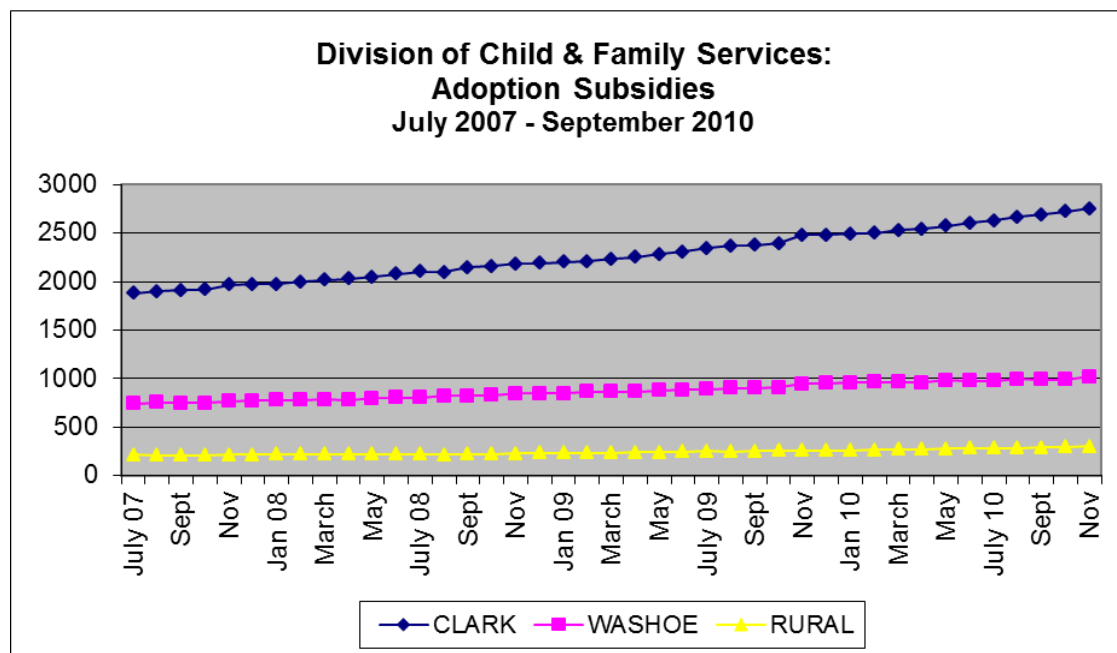
## 3.01 Adoption Subsidies

**Program:** It is the policy of the agencies providing child welfare services to provide financial, medical, and social services assistance to adoptive parents, thereby encouraging and supporting the adoption of special-needs children from foster care. A statewide collaborative policy outlines the special-needs eligibility criteria, application process, types of assistance available and the necessary elements of a subsidized adoption agreement.

**Eligibility:** To qualify for assistance, the child must be in the custody of an agency which provides child welfare services, or a Nevada licensed child-placing agency, and an effort must have been made to locate an appropriate adoptive home which could adopt the child without subsidy assistance. The child must also have specific factor(s) or condition(s) that make locating an adoptive placement resource difficult without recruitment, special services, or adoption assistance; such as being over the age of five, having siblings with whom they need to be placed, or having a physical, mental or behavioral condition that results in the need for treatment.

**Other:** All three public child welfare agencies, Clark County Department of Family Services (CCDFS); Washoe County Department of Social Services (WCSS); and the Division of Child and Family Services (DCFS) Rural Region, administer the subsidy program with state oversight and in accordance with statewide policy.

<b>FYTD</b>	<b>Clark</b>	<b>Washoe</b>	<b>Rurals</b>	<b>Total</b>
JUL 10	2,631	975	281	3,887
Aug	2,664	992	280	3,936
Sep	2,689	990	290	3,969
Oct	2,719	990	292	4,001
Nov	2,750	1,018	301	4,069
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				
FY11 Total	13,453	4,965	1,444	19,862
FY11 Average	2,691	993	289	1,655



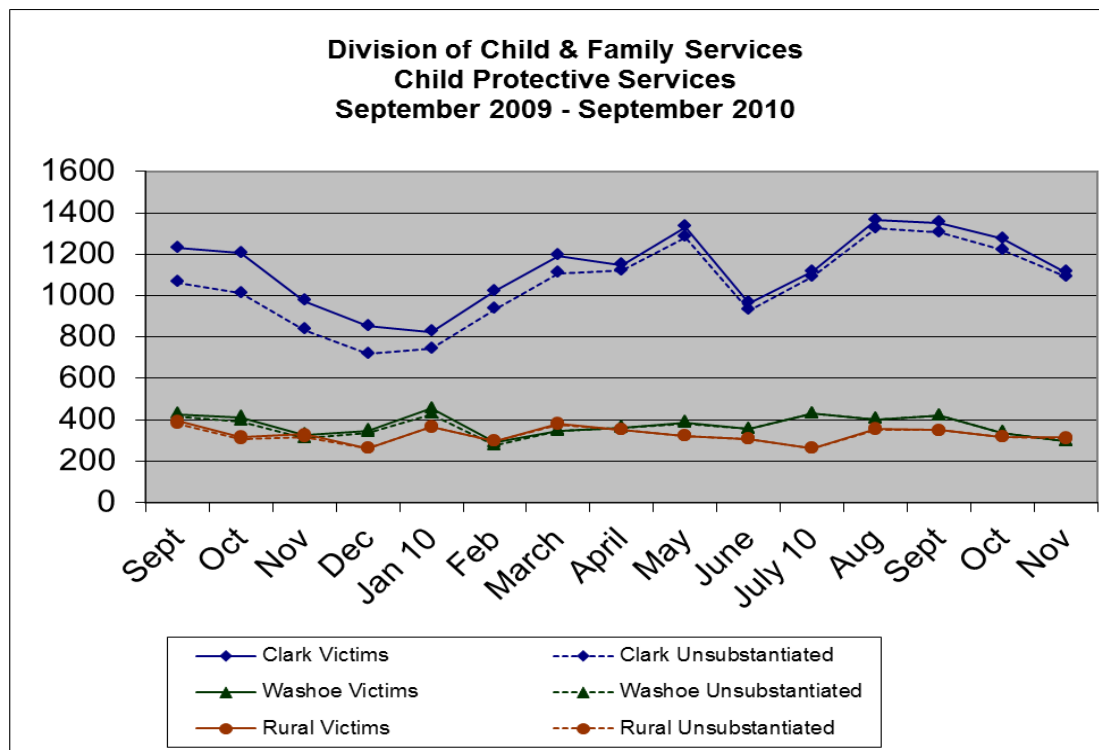
## Nevada Department of Health & Human Services, DCFS

### 3.02 Child Protective Services (CPS)

**Program:** CPS agencies respond to reports of abuse or neglect of children under the age of eighteen. Abuse or neglect complaints are defined in statute, and include mental injury, physical injury, sexual abuse and exploitation, negligent treatment or maltreatment, and excessive corporal punishment. The CPS worker and family develop a plan to address any problems identified through assessment. Families may be referred to community-based services to prevent their entry into the child welfare system.

**Administration:** Division of Child and Family Services (DCFS) Family Program's Office has oversight responsibility to monitor compliance with federal/state requirements and provide technical assistance as needed. Federal funding is administered through DCFS to child welfare programs in Clark and Washoe Counties. Rural programs are administered directly by DCFS.

FYTD	Clark County		Washoe County		Rural Counties	
	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated	Total Victims	Un-Substantiated
JUL 10	1,115	1,091	429	429	263	263
Aug	1,365	1,324	403	403	358	352
Sep	1,351	1,305	420	420	351	350
Oct	1,274	1,220	338	338	319	319
Nov	1,114	1,091	296	296	315	310
Dec						
Jan						
Feb						
Mar						
Apr						
May						
Jun						
FY11 Total	6,219	6,031	1,886	1,886	1,606	1,594
FY11 Avg	1,244	1,206	377	377	321	319



# Nevada Department of Health & Human Services, DCFS

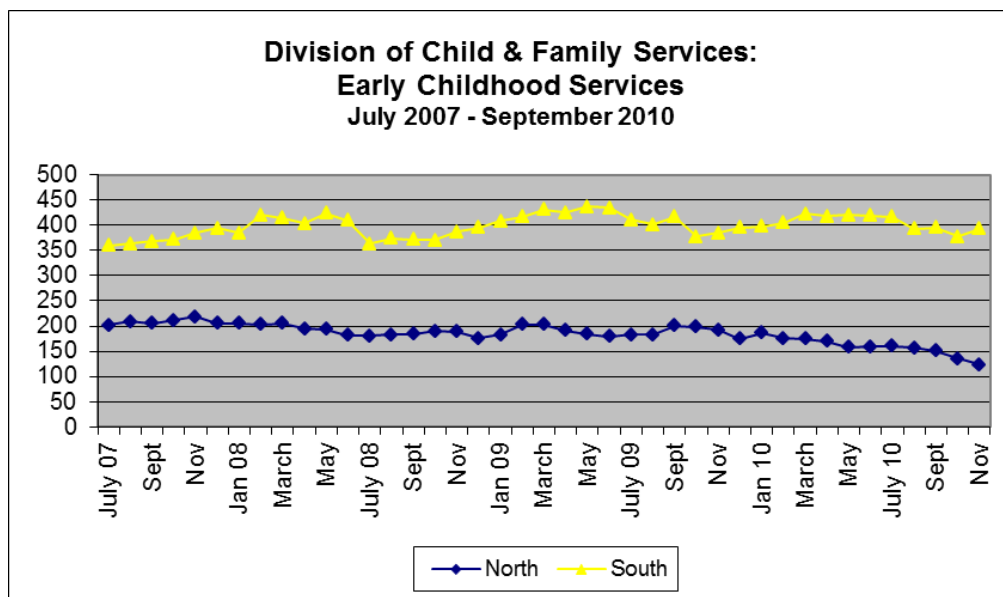
## 3.03 Early Childhood Services

**Program:** Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

**Eligibility:** Birth through age 6

**Other:** Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 10	160	416
Aug	157	393
Sep	151	395
Oct	136	377
Nov	124	393
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		
FY11 Total	728	1,974
FY11 Average	146	395



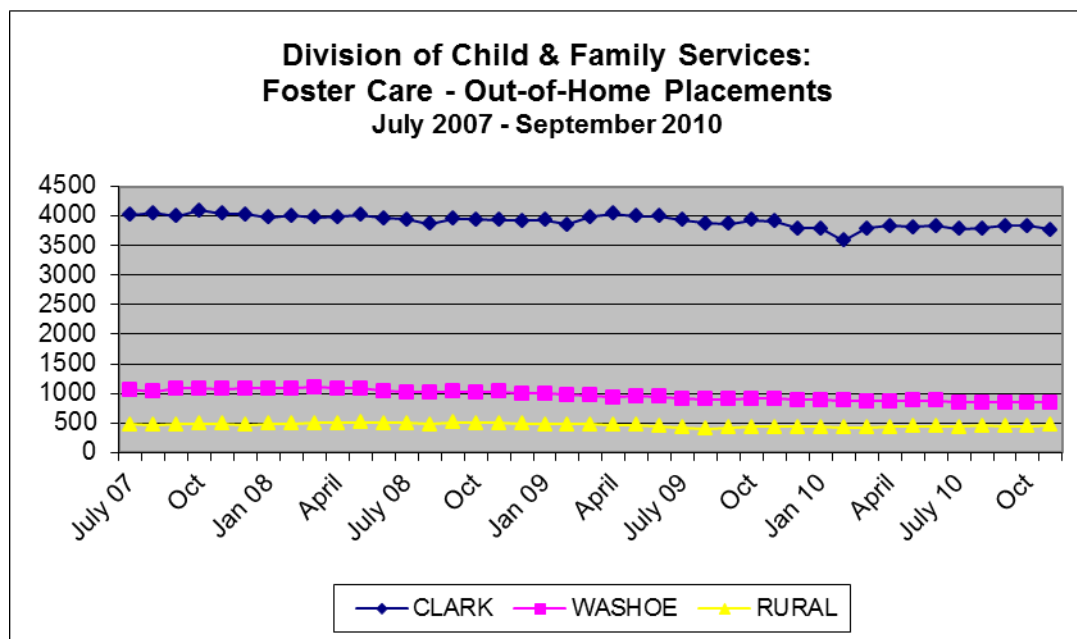
# Nevada Department of Health & Human Services, DCFS

## 3.04 Foster Care

**Program:** Foster Care services are provided as temporary placement for children who are removed from the home to protect them from harm or risk. Needs assessments are conducted and a caseworker arranges care and services for the child, and also provides counseling to the child, biological parents, and the foster/substitute care provider. Permanency plans developed with the district court may include reunification, kinship placement, adoption or other planned permanent living arrangements.

**Administration:** The role and function of the Social Services Program Specialists assigned to Foster Care is to provide statewide oversight to the three child welfare jurisdictions in Nevada to ensure compliance with federal and state regulations, statutes and policy. The Foster Care Specialist is also responsible for providing technical assistance to the jurisdictions, fielding questions from the public regarding foster care, and engaging in quality assurance monitoring and quality improvement activities to ensure that children in foster care are safe and stable in their placements.

<u>FYTD</u>	<u>Clark</u>	<u>Washoe</u>	<u>Rurals</u>	<u>Total</u>
JUL 10	3,784	843	437	5,064
Aug	3,796	849	457	5,102
Sep	3,837	847	441	5,125
Oct	3,836	841	445	5,122
Nov	3,764	851	463	5,078
Dec				-
Jan				-
Feb				-
Mar				-
Apr				-
May				-
Jun				-
FY11 Total	19,017	4,231	2,243	25,491
FY11 Average	3,803	846	449	2,124



# Nevada Department of Health & Human Services, DCFS

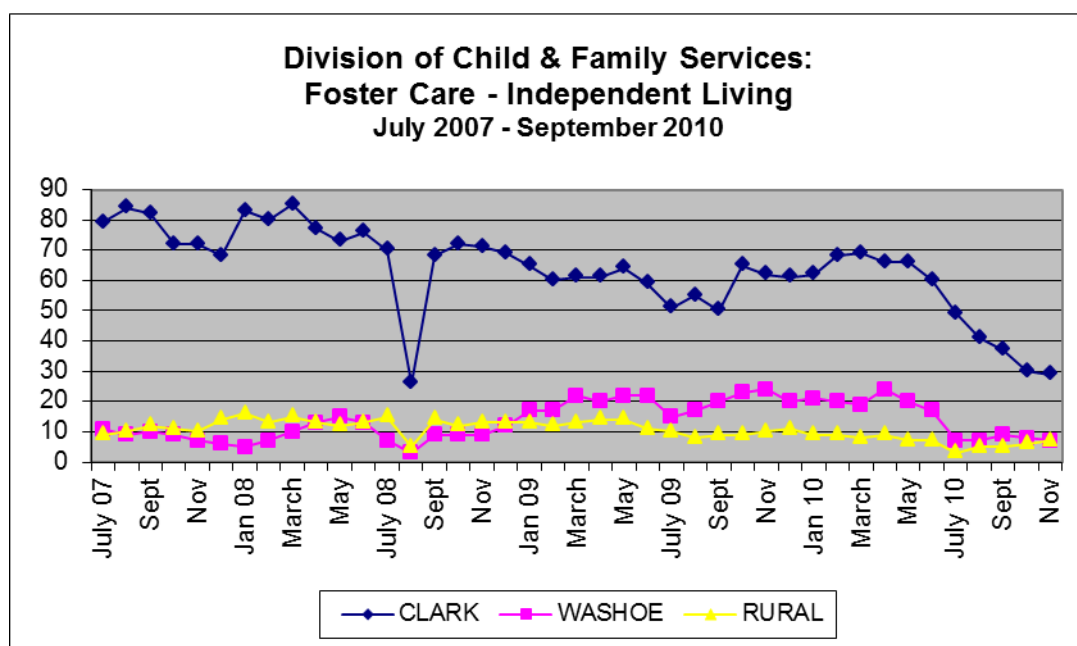
## 3.05 Independent Living

**Program:** The Nevada Independent Living Program is designed to assist and prepare foster and former foster youth in making the transition from foster care to adulthood by providing opportunities to obtain life skills for self-sufficiency and independence. The Independent Living Program does this by offering many learning and training opportunities along with financial assistance. The three major sources of funding to assist foster youth in care and those that have aged out of the foster care system come from the federal and state government.

**Eligibility:** Services are available to youth aged 15 1/2 who are currently in foster care and to former foster youth who have aged out of the foster care system at age 18. Youth who were adopted from foster care on or after their 16th birthday are also eligible for services. Those who aged out of care may continue receiving services to age 21, including those who came to Nevada from another state.

**Other:** Supplemental financial assistance is provided through the Fund to Assist Former Foster Youth (FAFFY). These funds provide assistance with household goods, job training, housing assistance, case management and medical insurance. Assistance is available up to age 21.

<u>FYTD</u>	<u>Clark</u>	<u>Washoe</u>	<u>Rurals</u>	<u>Total</u>
JUL 10	49	7	3	59
Aug	41	7	5	53
Sep	37	9	5	51
Oct	30	8	6	44
Nov	29	7	7	43
Dec				-
Jan				-
Feb				-
Mar				-
Apr				-
May				-
Jun				-
FY11 Total	186	38	26	250
FY11 Average	37	8	5	21



# Nevada Department of Health & Human Services, DCFS

## 3.06 Juvenile Justice – Facilities

**CALIENTE YOUTH CENTER**, Opened: 1962. Renovated: 1977 Juvenile facility/training school.

Security: minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, violence prevention, prerelease/transitional training, cognitive-skills training, private family visitation.

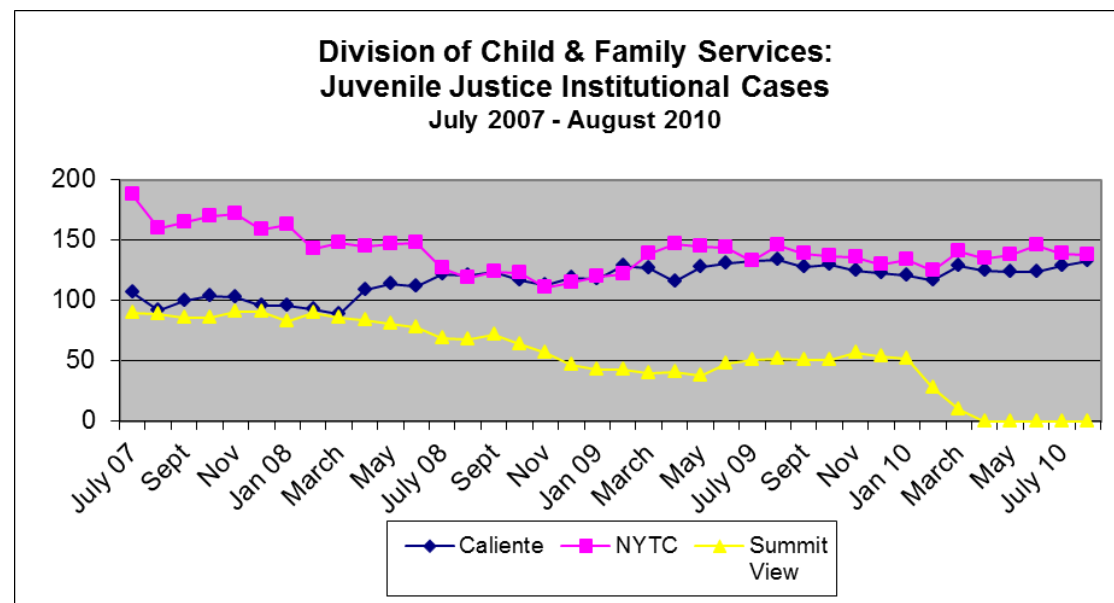
**NYTC: Nevada Youth Training Center**, opened: 1913. Renovated: 1961 Juvenile facility/training school.

Security: medium, minimum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, furlough, private family visitation.

**SUMMIT VIEW**, facility closed as private operation 1/31/02; reopened January 2004 as a state operated facility. Security: maximum. Programs: academic education, vocational training, substance-abuse counseling, psychological counseling, behavior/anger management, cognitive-skills training, violence prevention, private family visitation.

(Summit View closed in March 2010.)

<u>FYTD</u>	<u>Caliente</u>	<u>NYTC</u>	<u>Summit View</u>	<u>Total</u>
JUL 10	129	139	-	268
Aug	133	138	-	271
Sep				
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
Apr				
May				
Jun				
FY11 Total	262	277	0	539
FY11 Average	131	139	0	45





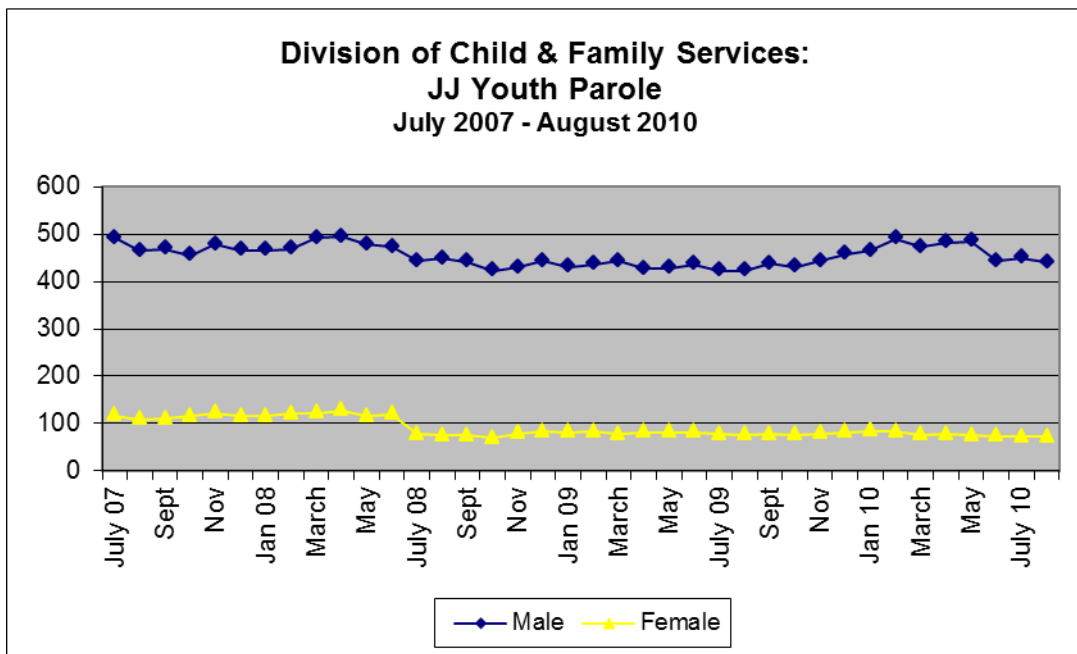
## Nevada Department of Health & Human Services, DCFS

### 3.07 Juvenile Justice – Youth Parole

**Program:** The Nevada Youth Parole Bureau has offices in Las Vegas, Reno, Carson City, Fallon and Elko. The staff is committed to public safety, community supervision and services to youth returning home from juvenile correctional facilities. All youth parole counselors have been trained and certified as peace officer's and act in accordance in the performance of their duties. Working closely with families, schools and the community, parole counselors help each youth maintain lawful behavior and encourage positive achievement. Also supervise all youth released by other states for juvenile parole in the State of Nevada pursuant to interstate compact.

**Eligibility:** Males and females; Felony and misdemeanor adjudications. Age limit: 12-18.

<u>FYTD</u>	<u>Male</u>	<u>Female</u>
JUL 10	449	72
Aug	440	72
Sep		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		
<b>FY11 Total</b>	<b>889</b>	<b>144</b>
<b>FY11 Average</b>	<b>445</b>	<b>72</b>



## Nevada Department of Health & Human Services, DCFS

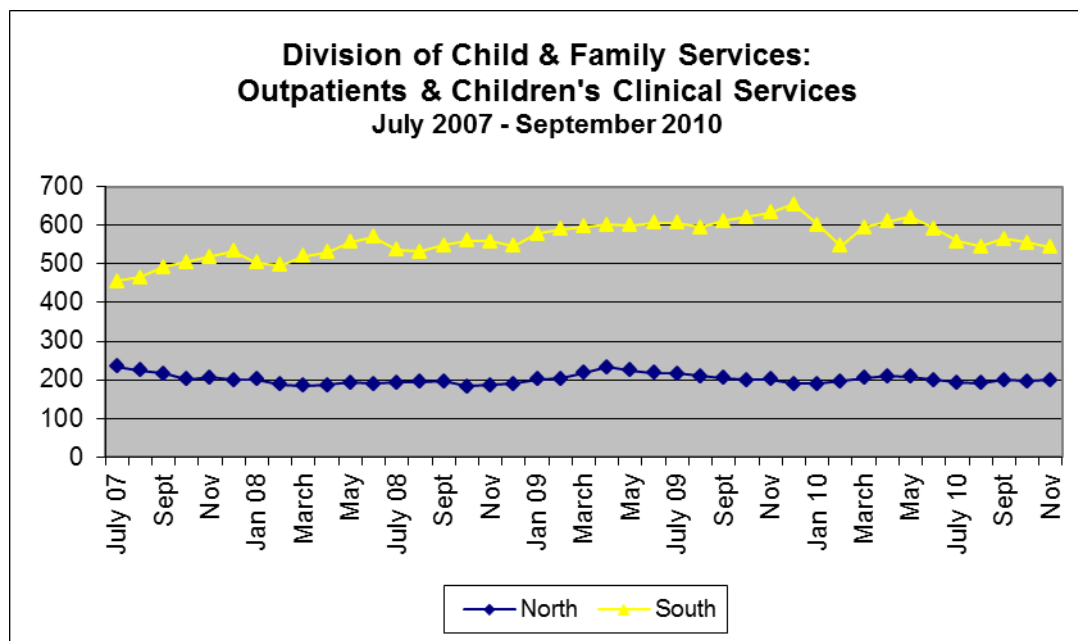
### 3.08 Outpatient and Children's Clinical Services

**Program:** Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

**Eligibility:** 6 to 18 years of age

**Other:** Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 10	193	558
Aug	191	545
Sep	200	564
Oct	197	555
Nov	199	543
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		
FY11 Total	980	2,765
FY11 Average	196	553



# Nevada Department of Health & Human Services, DCFS

## 3.09 Residential Children's Services

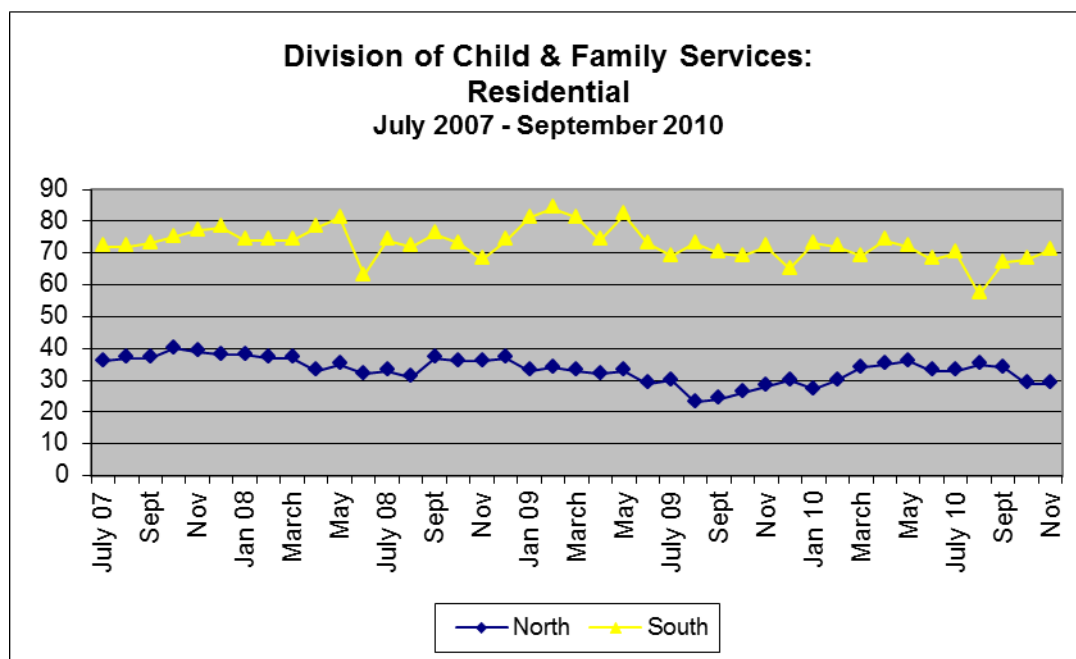
**Program:** Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

**Eligibility:** North: Ages 6 to 18 are served through Family Learning Homes; ages 13 to 18 are served through Adolescent Treatment Homes.

South: Ages 6 to 18 are served through Oasis on Campus Treatment Homes and Desert Willow Treatment Center.

**Other:** Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 10	33	70
Aug	35	57
Sep	34	67
Oct	29	68
Nov	29	71
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		
FY11 Total	160	333
FY11 Average	32	67



# Nevada Department of Health & Human Services, DCFS

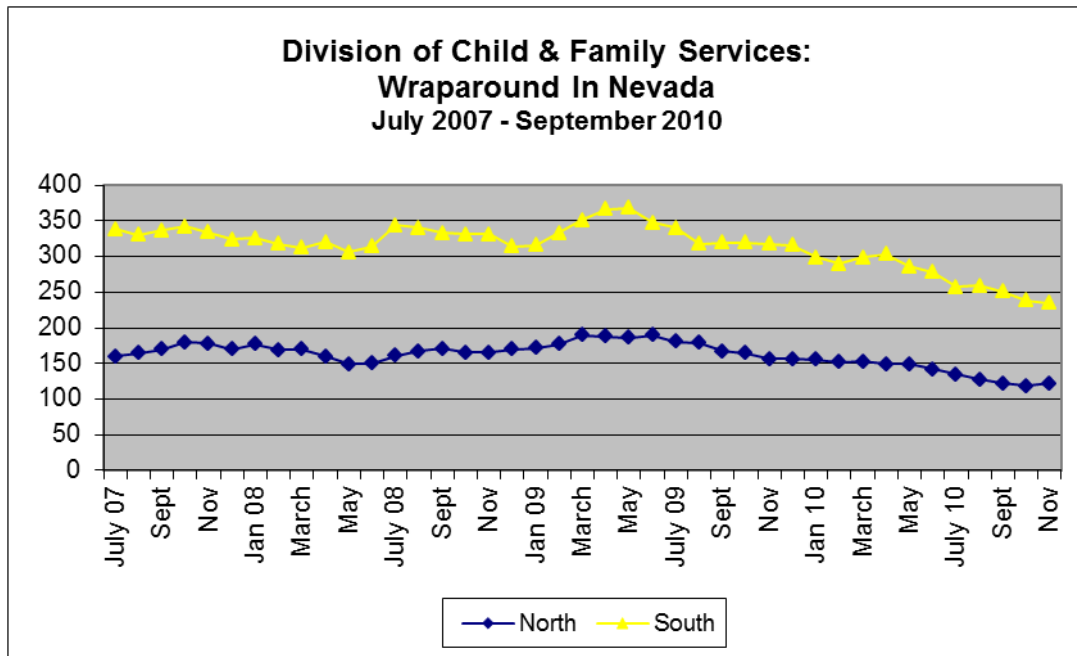
## 3.10 Wraparound in Nevada

**Program:** Mental health services are provided to children with severe emotional disturbances. Northern Nevada Child & Adolescent Services is located in Washoe County. Southern Nevada Child & Adolescent Services is located in Clark County.

**Eligibility:** 6 to 18 years of age

**Other:** Serves children with Fee for Service Medicaid benefits and uninsured; Sliding fee scale for children who do not receive Fee for Service Medicaid.

<u>FYTD</u>	<u>North</u>	<u>South</u>
JUL 10		
Aug		
Sep		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		
Apr		
May		
Jun		
FY11 Total	624	1,240
FY11 Average	125	248



# Nevada Department of Health & Human Services, DHCFP

## 4.01 Medicaid Totals

**Program:** Medicaid is a joint Federal-State program that provides medical services to clients of the State public assistance program and, at the State's option, other needy individuals, as well as augments hospital and nursing facility services that are mandated under Medicaid. States may decide on the amount, duration, and scope of additional services, except that care in institutions primarily for the care and treatment of mental disease may not be included for persons over age 21 and under age 65.

**Eligibility:** Eligibility for Medicaid is not easily explained as there a number of different mandatory and several optional categories where eligibility can be approved. For more detailed information about the many different categories of Medicaid eligibility, please access the link below:

[http://dwss.nv.gov/index.php?option=com\\_content&task=view&id=96&Itemid=247#call&Itemid=248](http://dwss.nv.gov/index.php?option=com_content&task=view&id=96&Itemid=247#call&Itemid=248)

### Workload History:

FY 09: Avg Cases: 189,983  
FY 09 TotExpend: \$1,502,991,128

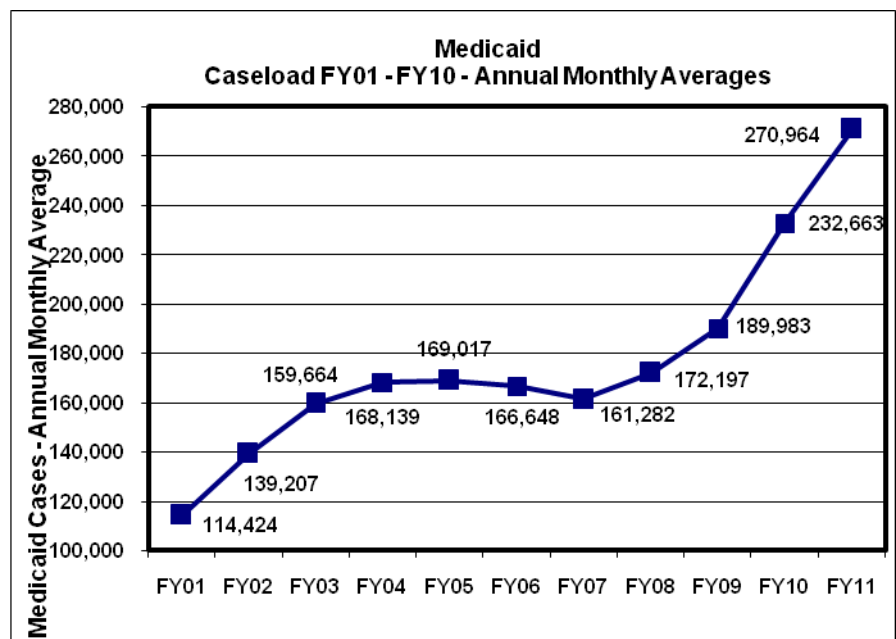
FY 10: Avg Cases: 232,663  
FY 10 TotExpend: \$1,507,115,818

### SFY 2011

Jul-10	256,355
Aug-10	261,276
Sep-10	264,496
Oct-10	266,580
Nov-10	268,518
Dec-10*	271,148
Jan-11	273,121
Feb-11	274,451
Mar-11	276,147
Apr-11	278,683
May-11	279,956
Jun-11	280,839

\*Projections

**Member Months** 3,251,569  
**Average Caseload** 270,964



All of the significant changes in caseload, including the FY 2007 "dip", arose for macroeconomic reasons. There were no material explanatory changes in other areas (e.g., eligibility criteria or take-up rate) during the period. The principal causal factors are (1) population/demographic change, (2) secular trends in returns-to-skills, (3) the cyclic variation in the overall economy, (4) the cyclic variation in the labor market and (5) the complex lags associated with the aforementioned cycles and caseloads for means-tested social programs.

**Website:** [http://dwss.nv.gov/index.php?option=com\\_content&task=view&id=27&Itemid=64](http://dwss.nv.gov/index.php?option=com_content&task=view&id=27&Itemid=64)  
<http://dwss.nv.gov/>

# Nevada Department of Health & Human Services, DHCFF

## 4.02 Nevada CheckUp

### Program:

Authorized under Title XXI of the Social Security Act, Nevada Check Up is the State of Nevada's Children's Health Insurance Program (SCHIP). The program provides low cost, comprehensive health care coverage to low income, uninsured children 0 through 18 years of age who are not covered by private insurance or Medicaid.

### Eligibility:

--The family's gross annual income is between 100% and 200% of the Federal Poverty Level guidelines; AND

--The child is a U.S. citizen, "qualified alien" or legal resident with 5 years residency and is under age 19 on the date coverage will begin; AND

--The child must **not** be eligible for Medicaid or have health insurance within the last six months, or has recently lost insurance for reasons beyond the parents' control.

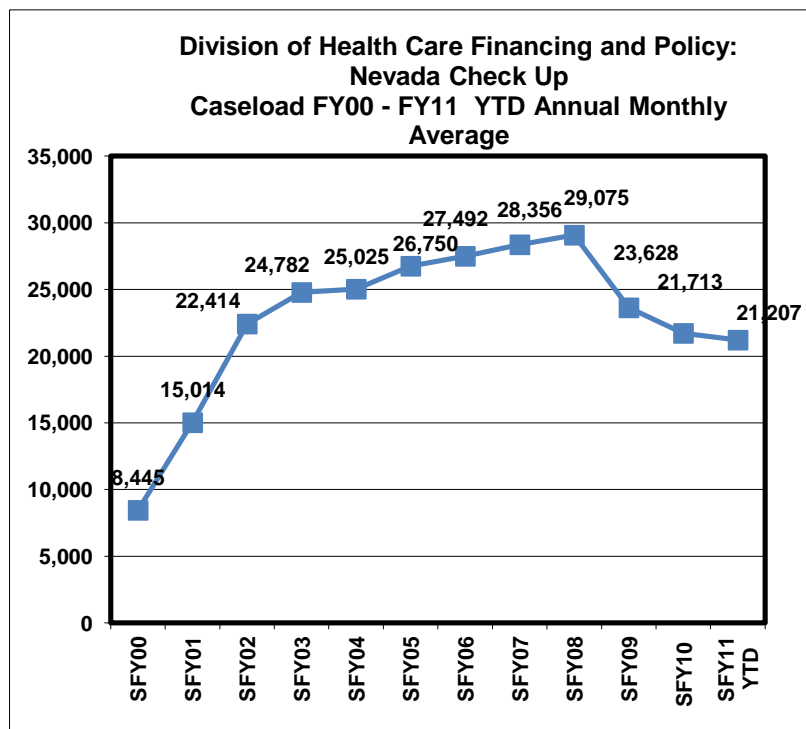
2010 Federal Poverty Guidelines					
Family Size	100%	200%	Family Size	100%	200%
1	\$10,830	\$21,660	6	\$29,530	\$59,060
2	\$14,570	\$29,140	7	\$33,270	\$66,540
3	\$18,310	\$36,620	8	\$37,010	\$74,020
4	\$22,050	\$44,100	9	\$40,750	\$81,500
5	\$25,790	\$51,580	10	\$44,490	\$88,980

### Workload History:

SFY 09 Avg Cases:	23,628
SFY 09 Tot Expend:	\$35,108,489
SFY 10 Avg Cases:	21,713
SFY 10 Tot Expend:	\$30,687,012
SFY 11 Avg Cases:	21,207
SFY 11 Tot Expend*:	\$15,069,105

### SFY 10

Jul-10	21,469
Aug-10	21,430
Sep-10	20,898
Oct-10	21,146
Nov-10	21,299
Dec-10	21,002
Jan-11	
Feb-11	
Mar-11	
Apr-11	
May-11	
Jun-11	
FY11 Total	127,244
FY11 Average	21,207



### Comments:

\*Dollars expended through and including December 2010. Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses.

### Website:

<http://nevadacheckup.nv.gov/enrollmentstats.asp>

# Nevada Department of Health & Human Services, DHCFP

## 4.03 Health Insurance for Work Advancement (HIWA)

**Program:** The HIWA Program is a component of the MIG (Medicaid Infrastructure Grant) Program which provides necessary health care services and support for competitive employment of persons with disabilities. Federal grant funds are used for infrastructure to establish or improve the capability to provide or manage grant funds for providing Medicaid for employed individuals with disabilities ineligible for any other category of Medicaid. Those receiving this coverage pay a monthly premium of between 5% and 7.5% of their monthly net income.

**Eligibility:** Citizenship, residency, disability and current employment are requirements of the program. The resource limit is \$15,000. A vehicle, special needs trusts, medical savings accounts and tax refunds are some of the resources which are excluded. There are several work-related expenses which are disregarded such as travel-related costs, employment-related personal care aid costs, service animal costs and other costs related to employment.

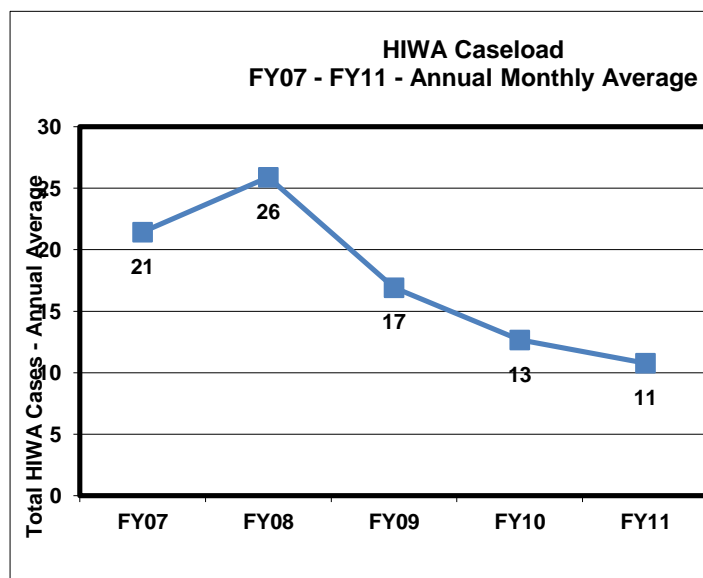
**Other:** HIWA was implemented in July 2004. Maximum gross unearned income limit, prior to disregards is \$699. Maximum gross earned income limit, prior to disregards is 450% of the Federal Poverty Level (FPL). The total net earned and unearned income must be equal to or less than 250% of the Federal Poverty Level. The individual must be disabled as determined by the Social Security Administration, either through current or prior receipt of social security disability benefits. A recipient losing employment through no fault of their own, remains eligible for three additional months provided the monthly premiums continue to be paid. Retroactive enrollment is permitted with payment of monthly premiums.

### **Workload History: (With Retros)**

FY 07 Avg Cases:	21
FY 08 Avg Cases:	26
FY 09 Avg Cases:	17
FY 10 Avg Cases:	13
FY 11 Avg Cases YTD:	11

### **FYTD**

Jul-10	11
Aug-10	11
Sep-10	11
Oct-10	12
Nov-10	11
Dec-10	11
Jan-11	
Feb-11	
Mar-11	
Apr-11	
May-11	
Jun-11	



**Web Link:** <http://www.dhcfp.state.nv.us/HIWA/index.htm>

**Contact:** Dan Olsen, MPH, Social Services Program Specialist III, MIG Program, (775) 687-1905, email: dan.olsen@dhcfp.nv.gov

**Source:** The source for caseload information is actual enrollment reports generated by staff and matched with NOMADS as well as the HIWA Premium Payment System (PPS).

## Nevada Department of Health & Human Services, DHCFF

### 4.04 Waiver – Persons with Physical Disabilities (formerly Independent Nevadans)

#### Program:

The State of Nevada Home and Community-Based Waiver for Persons with Physical Disabilities (WIN) is operated by the Nevada Division of Health Care Financing and Policy (DHCFF). The goals of this waiver are to provide the option of home and community-based services as an alternative to nursing facility placement and to allow maximum independence for persons with physical disabilities who would otherwise need nursing facility services.

#### Eligibility:

Interest in waiver services initiates a screening process to determine if the individual appears to meet the following eligibility requirements:

\*without the waiver services, would require institutional care provided in a skilled nursing facility or intermediate care facility for the mentally retarded (ICF/MR);

\*applies for and is determined eligible for full Medicaid benefits through the Division of Welfare and Supportive Services (DWSS);

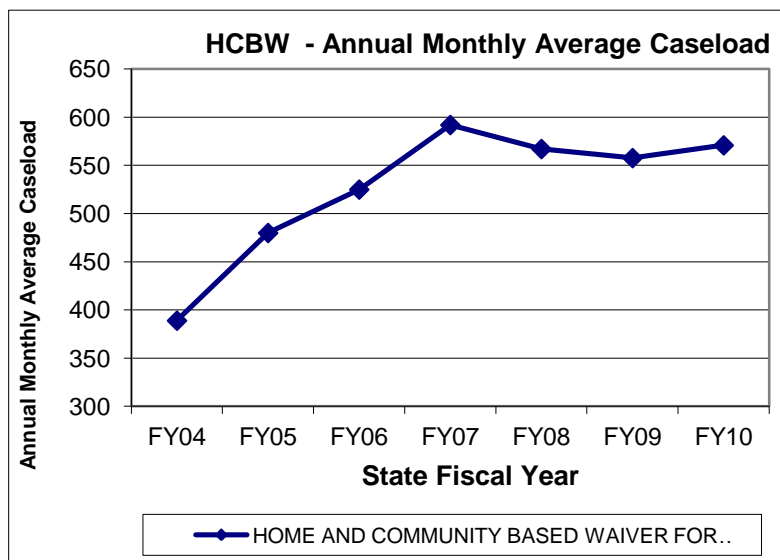
\*is certified as physically disabled by DHCFF's Central Office Disability Determination Team.

#### Workload History:

State Fiscal Year	Total Expenditures	Average Caseload
FY08	4,560,511	567
FY09	4,689,814	558
FY10	2,688,331	571

#### Caseload FYTD:

Month	Caseload
Jul-10	563
Aug-10	574
Sep-10	569
Oct-10	566
Nov-10	564
Dec-10	564
Jan-11	561
Feb-11	568
Mar-11	577
Apr-11	
May-11	
Jun-11	
<b>FY11 Total YTD</b>	<b>5,106</b>
<b>FY11 Average YTD</b>	<b>567</b>



#### Comments:

This waiver was formerly called the Waiver for Independent Nevadans, and has kept the corresponding acronym WIN.

Caseload reporting was converted from Paradox in November 2007. Quality of caseload reporting improved as a result of this change.

#### Website:

<http://dhcfc.state.nv.us/wcaseloads.htm>

Contact: Connie Anderson, Chief, Continuum of Care, DHCFF. Email: [canderson@dhcfc.nv.gov](mailto:canderson@dhcfc.nv.gov)



# Nevada Department of Health & Human Services, DHCFP

## 4.05 Waiver – Health Insurance Flexibility and Accountability, Employer-Sponsored Insurance (Nevada Check Up Plus)

**Program:** The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two unique benefit programs. One program, the Employer Sponsored Insurance Subsidy program (ESI, called Nevada Check Up Plus), helps defray the increasing cost of private medical insurance for parents that work for small employers. The waiver provides up to a \$100 per month, per parent (maximum of \$200 per family) to help offset the cost of the premium payment.

**Eligibility:**

**An eligible individual must:**

- Be a parent or legal guardian of a child residing in the household;
- Not be eligible for Medicaid;
- Have not been covered by health insurance for past 6 months;
- Work for an eligible employer;
- Have a gross annual household income of 200% or less of the Federal Poverty Level;
- Be a U.S. citizen or legal alien.

**Eligible employers must:**

- Provide an employer-sponsored group health plan;
- Employ 2-50 people;
- Pay 50% or more toward their employees' monthly insurance premiums.

2010 Federal Poverty Guidelines			
Family Size	200%	Family Size	200%
1	\$21,660	6	\$59,060
2	\$29,140	7	\$66,540
3	\$36,620	8	\$74,020
4	\$44,100	9	\$81,500
5	\$51,580	10	\$88,980

### Workload History:

SFY 09 Avg Cases:	3
SFY 09 Tot Expend:	\$3,575
SFY 09 Tot # Apps:	166
SFY 10 Avg Cases:	7
SFY 10 Tot Expend:	\$7,036
SFY 10 Tot # Apps:	198
SFY 11 Avg Cases:	8
SFY 11 Tot Expend:	\$4,625*
SFY 11 Tot # Apps:	135

### FY 11

JUL 10	9
Aug	9
Sep	8
Oct	7
Nov	7
Dec	8
Jan 11	
Feb	
Mar	
Apr	
May	
Jun	

FY11 YTD Average 8

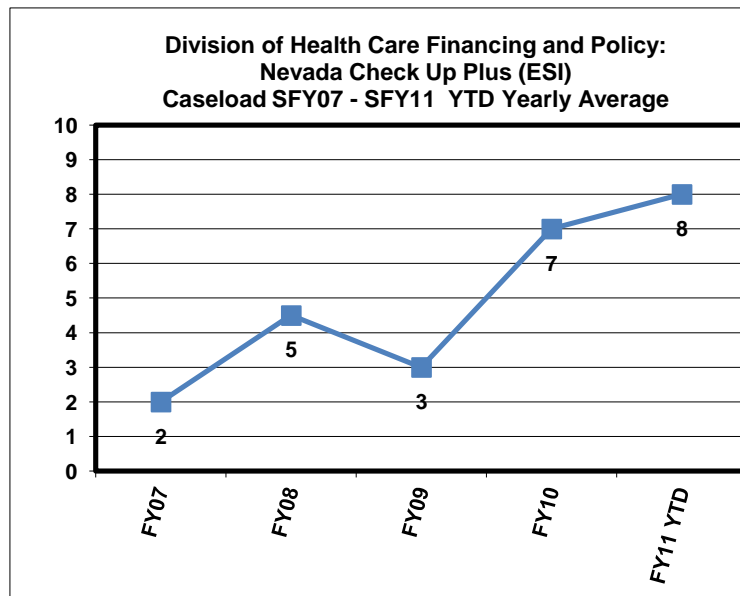
### Comments

Most applications received are denied due to the unique eligibility criteria for both the employee and employer. The following are the primary reasons for denial: 1) Employer does not offer insurance; 2) Employer does not employ less than 50 people; and 3) Employee already insured.

\*Premium payment costs only through December 31, 2010.

### Website

<http://nevadacheckup.nv.gov/indexPLUS.htm>



# Nevada Department of Health & Human Services, DHCFP

## 4.06 Waiver – Health Insurance Flexibility and Accountability, Pregnant Women

**Program:** The Nevada HIFA Waiver program was approved by CMS on November 2, 2006 for a start date of December 1, 2006. The waiver program provides two very unique benefit programs. One program, the pregnant women program, raises the allowable income level for eligibility to 185% of the federal poverty level. Some of the services included in this program are routine prenatal care, delivery services, two months of post partum coverage, as well as many other services deemed necessary during pregnancy.

**Eligibility:** The pregnancy program eligibility is determined by the Division of Welfare and Supportive Services. DWSS looks at eligibility within the HIFA higher income threshold when a pregnant woman is not eligible under the standard Medicaid income guidelines.

**The enrollee must be a pregnant woman who:**

- is not eligible for Medicaid;
- has income of 185% or less of federal poverty level (FPL);
- is a citizen or legal qualified alien of the United States at the time of application;
- does not currently have insurance; and
- submits an application.

2009 Federal Poverty Guidelines, Annual Household Income			
Family Size	185%	Family Size	185%
1	\$20,040	6	\$54,636
2	\$26,952	7	\$61,548
3	\$33,876	8	\$68,472
4	\$40,788	9	\$75,396

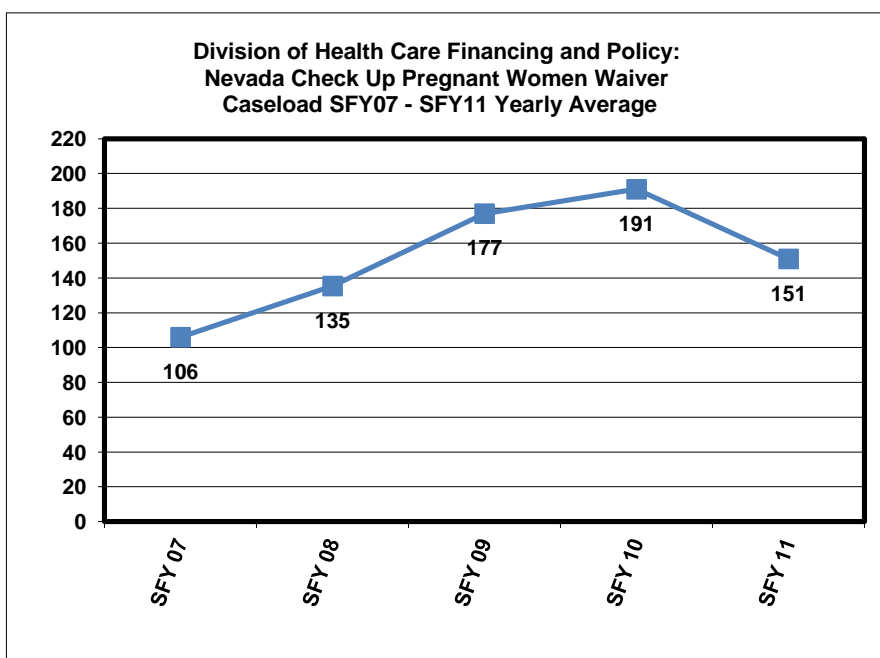
### Workload History:

SFY 09 Avg Cases:	177
SFY 09 Tot Expend:	\$1,243,883
SFY 10 Avg Cases:	191
SFY 10 Tot Expend:	\$1,463,791
SFY 11 Avg Cases:	151*
SFY 11 Tot Expend:	\$688,357**

### FY 11

JUL 10	162
Aug	144
Sep	146
Oct	150
Nov	141*
Dec	121*
Jan	
Feb	
Mar	
Apr	
May	
Jun 11	

FY 11 YTD Average 151



**Comments:** \*Due to retroactive enrollment recent historical data will increase over the next several months. The last two months are not included in the annual average enrollment at this time. This program is now capped at 150 participants per month to stay within allotted State funding.

\*\*Expenditure totals are for benefit costs only and do not include Personnel or other Administrative expenses through December 31, 2010.

**Contact:** To request additional information on this program please e-mail <http://nevadacheckup.nv.gov/ContactUs.asp> or by phone at 775-684-3723.

# Nevada Department of Health & Human Services, DWSS

## 5.01 TANF Cash Total

**Program:** Temporary Assistance for Needy Families (TANF) is a time-limited, federally-funded block grant to provide assistance to needy families so children may be cared for in their homes or in the homes of relatives. TANF provides parents/caretakers with job preparation, work opportunities and support services to enable them to leave the program and become self-sufficient.

**Eligibility:** Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

**Other:** Need Standard

Household Size	Need Standard 100%	Payment Allowance 35%	NNCT* 275% FPL*	NNCT* Allowance
1	\$677	\$253	\$2,482	\$417
2	\$911	\$318	\$3,339	\$476
3	\$1,144	\$383	\$4,196	\$535
4	\$1,378	\$448	\$5,053	\$594
5	\$1,612	\$513	\$5,910	\$654
6	\$1,846	\$578	\$6,767	\$713
7	\$2,079	\$643	\$7,624	\$772
8	\$2,313	\$708	\$8,481	\$831

Note: Kinship Care Allowance: 0-12 year of age = \$534 per child; 13 yrs+ = \$616 per child

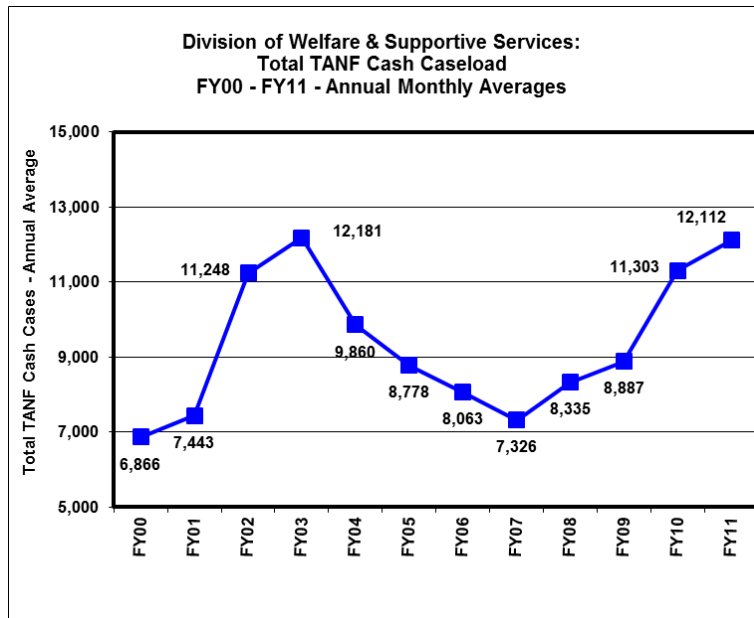
\*NNCT = Non-Needy Caretaker; FPL = Federal Poverty Level

### Workload History:

FY 09 Avg Cases: 8,887  
FY 09 Tot Expend: \$35,923,608  
FY 10 Avg Cases: 11,303  
FY 10 Tot Expend: \$44,736,022

### FYTD

Jul 10 11,692  
Aug 11,960  
Sep 11,747  
Oct 12,395  
Nov 12,118  
Dec 12,526  
Jan 11 12,307  
Feb 12,153  
Mar  
Apr  
May  
Jun  
FY11 Tot 96,898  
FY11 Avg 12,112



### Comments:

FY02 and FY03 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates caseloads dropped considerably starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history.

Total of all Cash Cases. For statistical purposes only as each aid code is different and cannot be compared.

# Nevada Department of Health & Human Services, DWSS

## 5.02 TANF Cash – Kinship Care

### Program:

This program is designed for households who do not have a work eligible individual. Adults receive no assistance because the caretaker is a non-needy relative caregiver. Caretakers in these households have no work participation requirements included in their Personal Responsibility Plan. In addition the caretaker relative must be at least 62 years old and have legal guardianship of the children in their care. Kinship Care caretakers receive a higher payment based on the number and ages of the children in their care.

### Eligibility:

Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items). The total household income for Kinship Care caretakers must be less than or equal to 275% of the federal poverty level for the number of people in the Kinship Care home.

### Other:

Kinship Care Allowance: 0-12 year of age = \$534 per child; 13 yrs+ = \$616 per child

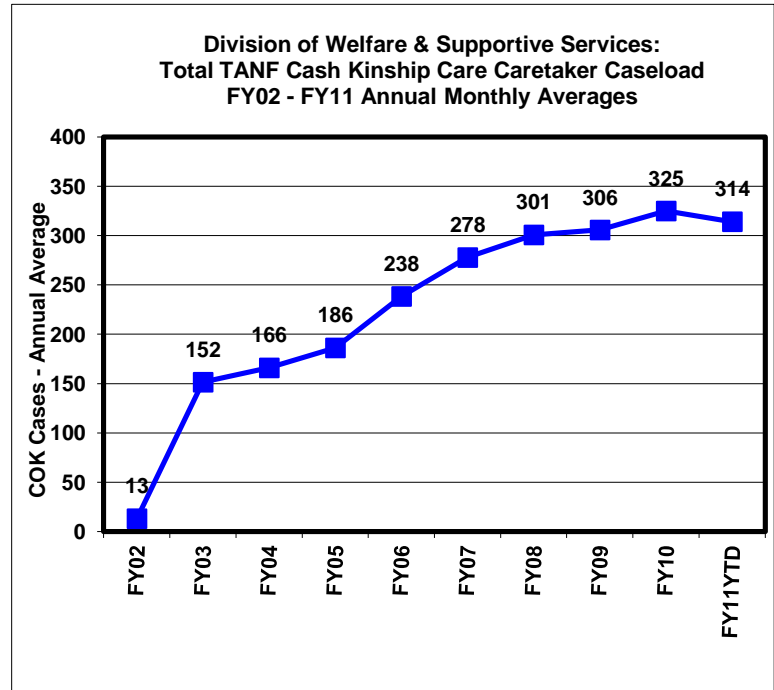
### Workload History:

FY 09 Avg Cases: 306  
FY 09 TotExpend: \$3,322,196

FY 10 Avg Cases: 325  
FY 10 TotExpend: \$3,474,452

### FYTD

Jul 10	323
Aug	319
Sep	309
Nov	312
Dec	306
Jan 11	316
Feb	315
Mar	313
Apr	
May	
Jun	
FY11 Tot	2,513
FY11 Avg	314



### Comments:

*This program starting in FY02 (October 2001 first month) and has continued on a steady increase since then.*

# Nevada Department of Health & Human Services, DWSS

## 5.03 TANF Cash – Loan

**Program:** Eligible households will receive a monthly payment designed to meet the family's needs until an anticipated future source of income is received. A required adult household member must have a reasonable expectation of a future source of income in order to repay the loan. For example, an applicant pending receipt of SSI may receive Loan benefits which will be required to be paid back upon approval and receipt of SSI benefits. These households do not have work participation requirements and must sign an agreement to repay the loan upon receipt of the lump sum.

**Eligibility:** Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

**Other:** Need Standard

Household Size	Need Standard 100%	Payment allowance 35%
1	\$677	\$253
2	\$911	\$318
3	\$1,144	\$383
4	\$1,378	\$448
5	\$1,612	\$513
6	\$1,846	\$578
7	\$2,079	\$643

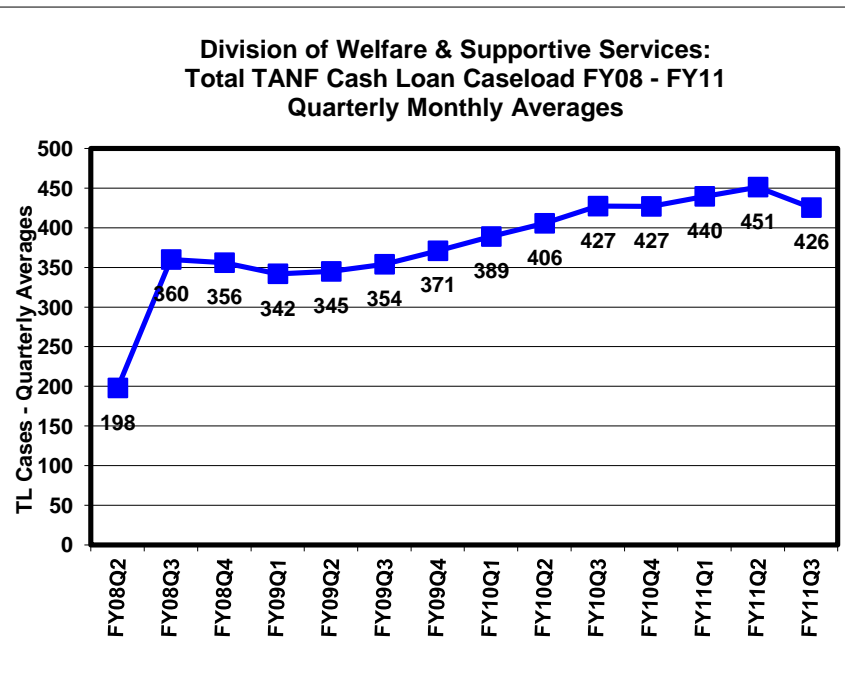
### **Workload History:** \*FY08 FIRST YEAR (STARTS OCTOBER 2007)

FY 09 Avg Cases: 353  
FY 09 TotExpend: \$1,359,977

FY 10 Avg Cases: 412  
FY 10 TotExpend: \$1,566,849

### **FYTD**

Jul 10	428
Aug	438
Sep	453
Oct	448
Nov	448
Dec	458
Jan 11	443
Feb	408
Mar	
Apr	
May	
Jun	
FY11 Tot	3,524
FY11 Avg	441



### **Comments:**

This program starting in FY08 (October 2007 first month) and has maintained an average of about 355 cases through FY09Q4.

# Nevada Department of Health & Human Services, DWSS

## 5.04 TANF Cash – Self-Sufficiency Grant

**Program:** The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. While the case manager can determine which families are most appropriate for this payment, the family must choose whether it is appropriate for them. SSG is an option subject to approval by both staff and the participant. The amount of the SSG payment is negotiated based on the need and households must meet all other TANF eligibility requirements.

**Eligibility:** Citizenship, residency, children's immunizations and proof of school-age children in school, living with a specified relative, social security number for each recipient, less than \$2,000 countable resources per TANF case (exceptions: 1 automobile, home, household goods and personal items).

**Other:** Need Standard

Household Size	Need Standard 100%	Payment allowance 35%
1	\$677	\$253
2	\$911	\$318
3	\$1,144	\$383
4	\$1,378	\$448
5	\$1,612	\$513
6	\$1,846	\$578
7	\$2,079	\$643

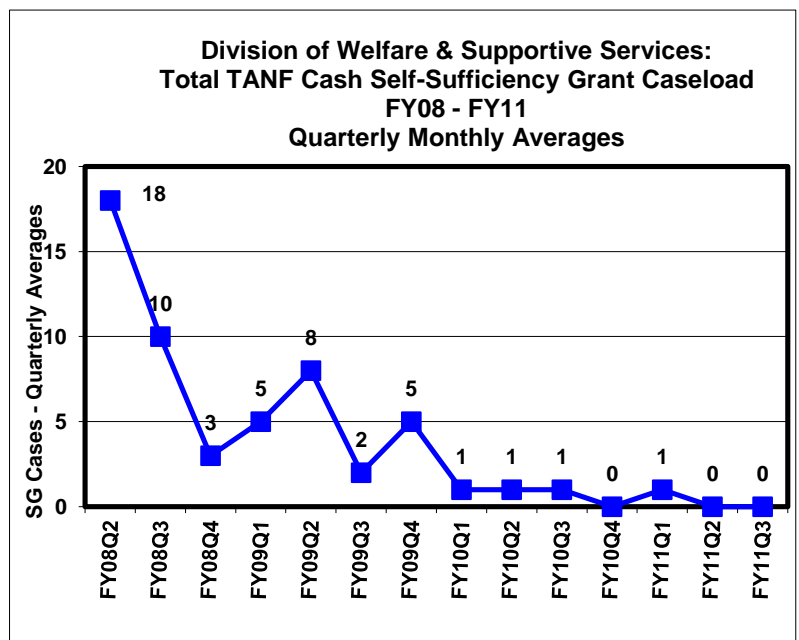
**Workload History:** \*FY08 FIRST YEAR (STARTS OCTOBER 2007)

FY 09 Avg Cases: 2  
FY 09 TotExpend: \$20,953

FY 10 Avg Cases: 1  
FY 10 TotExpend: \$3,187

### FYTD

Jul 10	1
Aug	0
Sep	0
Oct	0
Nov	0
Dec	0
Jan 11	0
Feb	0
Mar	0
Apr	0
May	0
Jun	0
FY11 Tot	1
FY11 Avg	0



### Comments:

*This program starting in FY08 (October 2007 first month). Due to the unique nature of this program, trendlines will not be applicable. The Self-Sufficiency Grant (SSG) is a one-time lump-sum payment designed to meet an immediate need until regular income is received from employment, child support or other ongoing sources. The amount of the SSG payment is negotiated based on the immediate need required. Households must meet all other TANF eligibility requirements. This caseload is projected to remain very small with only a few cases being able or willing to meet these requirements.*

## Nevada Department of Health & Human Services, DWSS

### 5.05 New Employees of Nevada (NEON)

#### Program:

The Nevada Division of Welfare and Supportive Services' TANF Employment and Training Program is called "New Employees of Nevada (NEON)". The program provides a wide array of services designed to assist TANF households become self-sufficient primarily through training, employment and wage gain; thereby, reducing or eliminating their dependency on public assistance programs. NEON provides support services in the form of child care, transportation, clothing, tools and other special need items necessary for employment.

#### Eligibility:

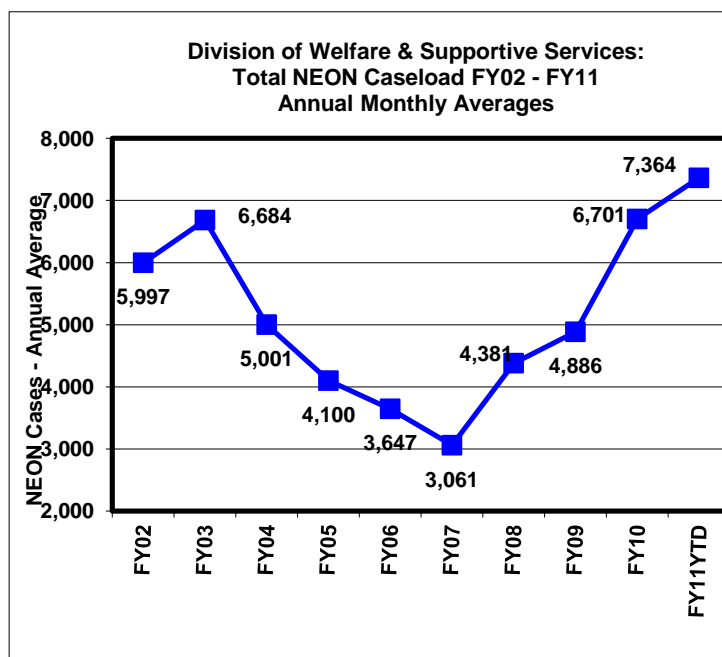
Individuals who meet the definition of a "work eligible individual" are NEON mandatory. This **includes** all adults or minor head-of-households (HOH) receiving assistance under TANF-NEON program. This **excludes** minor parents not HOH or married to the HOH, aliens not eligible for TANF, SSI recipients, parents caring for disabled family members in the home and tribal TANF recipients.

#### Workload History:

FY 08 Avg Cases:	4,381
FY 09 Avg Cases:	4,886
FY 10 Avg Cases:	6,701

#### FYTD

Jul 10	7,323
Aug	7,411
Sep	7,305
Oct	7,308
Nov	7,352
Dec	7,552
Jan 11	7,431
Feb	7,227
Mar	
Apr	
May	
Jun	
FY11 Tot	58,909
FY11 Avg	7364



#### Comments:

FY02 and FY03 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates caseloads dropped considerably starting in FY04 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history.

# Nevada Department of Health & Human Services, DWSS

## 5.06 Total TANF Medicaid

**Program:** Households who meet TANF requirements but choose not to receive cash or have reached their time limits are eligible for Medicaid. In addition, households receiving TANF cash or Medicaid who become ineligible due to earned income or excess child support may remain eligible for Medicaid for up to 12 months when certain conditions are met. Households with excess earned income may remain eligible up to 12 months. Those with excess child support remain eligible for up to four months.

**Eligibility:** Citizenship, residency, children's immunizations and proof of school-age children in school, social security number for each recipient, less than \$2,000 countable resources per TANF-Related Medicaid case (exceptions: 1 automobile, home, household goods and personal items). The income limits and income tests are the same as the TANF cash program.

**Other:** Need Statement

Household Size	Need Standard 100%	Payment allowance 35%
1	\$677	\$253
2	\$911	\$318
3	\$1,144	\$383
4	\$1,378	\$448
5	\$1,612	\$513
6	\$1,846	\$578
7	\$2,079	\$643

### Workload History:

FY 09 Avg Cases: 34,749

FY 10 Avg Cases: 41,251

### FY11

Jul 10 45,526

Aug 46,420

Sep 47,034

Oct 47,585

Nov 47,976

Dec 48,541

Jan 11 48,764

Feb 48,594

Mar

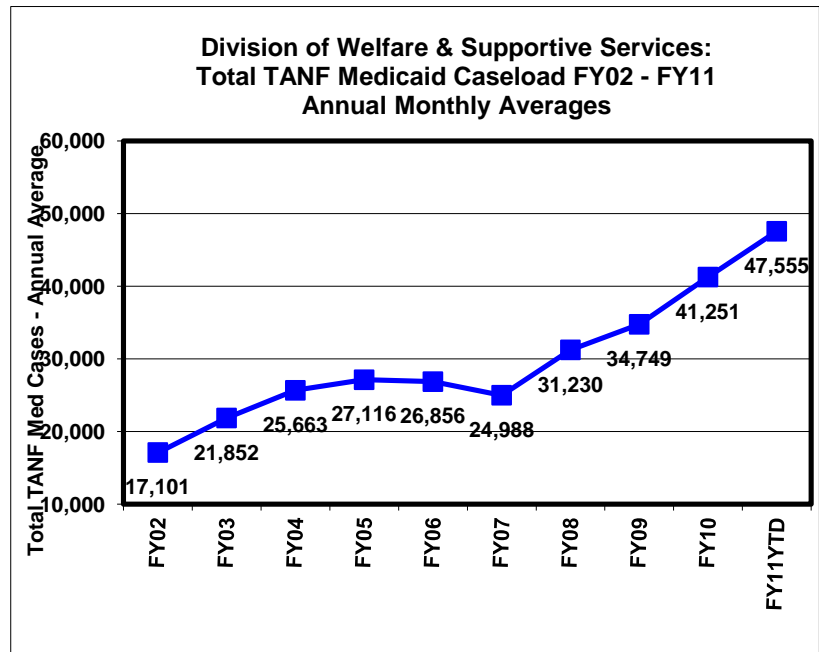
Apr

May

Jun

FY11 Tot 380,440

FY11 Avg 47,555



### Comments:

Starting October 2007 all TANF Cash Program recipients were not categorically eligible for Medicaid. TANF Cash recipients have a dual TANF Medicaid aid code. This explains increase in FY08.

FY02 through FY05 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates caseloads started to drop in FY06 and FY07.

FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment not seen in recorded history.

Total of all TANF Med Cases. For statistical purposes only as each aid code is different and cannot be compared.



# Nevada Department of Health & Human Services, DWSS

## 5.07 Child Health Assurance Program (CHAP)

**Program:** The Child Health Assurance (CHAP) program provides pregnancy-related Medicaid for pregnant women and full Medicaid for children under age six with income greater than 100% of the Federal Poverty Level (FPL) but less than or equal to 133% of the FPL. Pregnant women and children up through age 19 with income less than or equal to 100% of the FPL receive full Medicaid coverage.

**Eligibility:** Citizenship, residence and income at or below the two poverty levels. There is no resource test in this program; there is no requirement to live with someone with a certain relationship. In addition, anyone with an interest in the child may make application for CHAP on their behalf.

**Other:** Need Standard

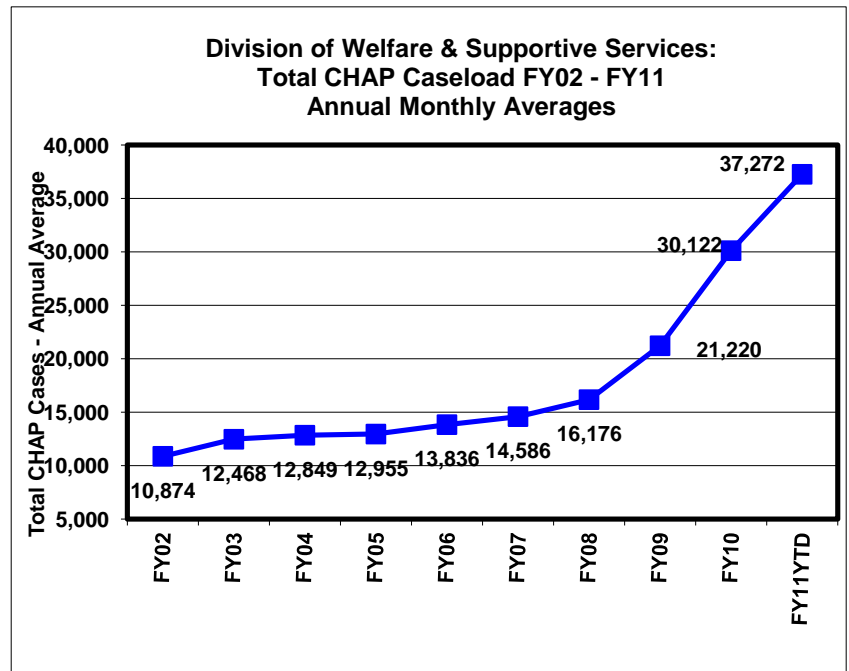
Household Size	Need Standard 100%	Need Standard 133%
1	\$903	\$1,200
2	\$1,214	\$1,615
3	\$1,526	\$2,029
4	\$1,838	\$2,444
5	\$2,149	\$2,858
6	\$2,461	\$3,273
7	\$2,773	\$3,687
8	\$3,084	\$4,102

### Workload History:

FY 09 Avg Cases: 21,220  
FY 10 Avg Cases: 30,122

### FYTD

Jul 10 34,991  
Aug 35,824  
Sep 36,682  
Oct 37,230  
Nov 37,657  
Dec 38,011  
Jan 11 38,638  
Feb 39,139  
Mar  
Apr  
May  
Jun  
FY11 Tot 298,172  
FY11 Avg 37,272



### Comments:

FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history.

# Nevada Department of Health & Human Services, DWSS

## 5.08 County Match

**Program:** Through an agreement with the Division, Nevada counties pay the non-federal share of costs for institutionalized persons whose monthly income is between \$1,051.01 and 300% of the SSI payment level.

**Eligibility:** No age requirement, a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

**Other:** Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible.  
\$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than \$1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to \$4,500. Burial plots/plans.

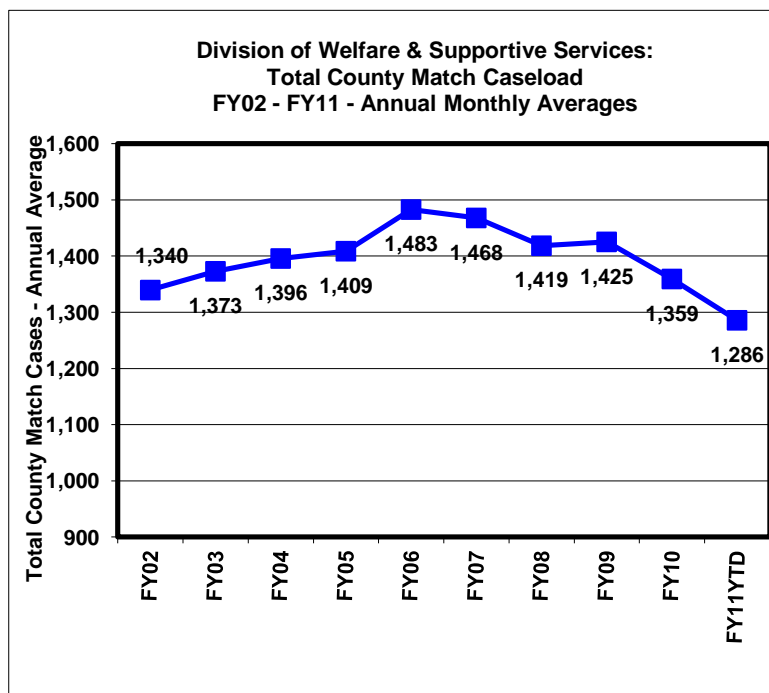
### Workload History: (With Retros\*)

FY 09 Avg Cases: 1,425

FY 10 Avg Cases: 1,359

### FYTD

Jul 10	1,251
Aug	1,287
Sep	1,293
Oct	1,296
Nov	1,296
Dec	1,301
Jan 11	1,275
Feb	1,288
Mar	
Apr	
May	
Jun	
FY11 Tot	10,287
FY11 Avg	1,286



### Comments:

*The downward trend starting after FY06 may be due to an increased number of recipients obtaining Qualified Income Trusts (QIT). Money deposited in a QIT is exempt and a potential County Match recipient may never reach the CM income threshold.*

*\*Retros (retroactive eligibility) are calculated based on previous year's total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months eligibility.*

# Nevada Department of Health & Human Services, DWSS

## 5.09 Medical Assistance to the Aged, Blind, and Disabled

**Program:** These are medical service programs only. Many applicants are already on Medicare and Medicaid supplements their Medicare coverage. Additionally, others are eligible for Medicaid coverage as a result of being eligible for a means-tested public assistance program such as Supplemental Security Income (SSI). Categories are: SSI, State Institutional, Non-Institutional, Prior Med, Public Law, Katie Beckett.

**Eligibility:** No age requirement (except for Aged), a citizen of the United States or a non-citizen legally admitted for permanent residence to the U.S. and meets certain criteria, or is in another eligible non-citizen category and meets certain criteria.

**Other:** Resource limits are determined by whether a person is considered an individual or a member of a couple. When resources exceed the following limits, the case is ineligible. Medicare Savings Program cases : \$4,000 for an individual or \$6,000 for a couple. Other cases: \$2,000 for an individual or \$3,000 for a couple. Resources are evaluated at market value less encumbrances. Certain types of resources are excluded, such as: Life insurance policies, when the total face value is less than \$1,500. Vehicles necessary to produce income, transportation for medical treatment on a regular basis (specifically handicapped equipped vehicles), or the value of a vehicle up to \$4,500. Burial plots/plans.

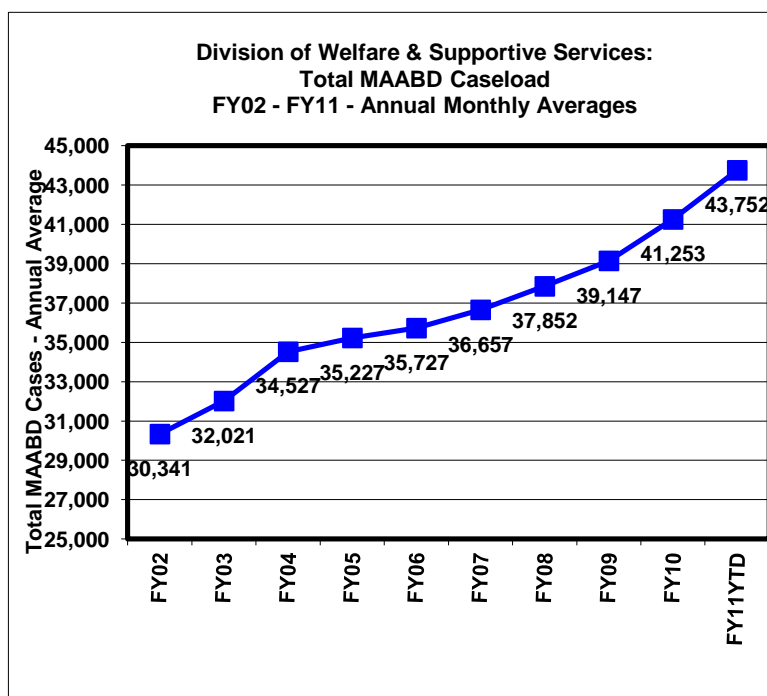
### Workload History: (With Retros\*)

FY 09 Avg Cases: 39,147

FY 10 Avg Cases: 41,253

**FYTD** 42,758

Jul 10	43,172
Aug	43,477
Sep	43,773
Oct	43,948
Nov	44,195
Dec	44,496
Jan 11	44,193
Feb	
Mar	
Apr	
May	
Jun	
FY11 Tot	350,012
FY11 Avg	43,752



### Comments:

*\*Retros (retroactive eligibility) are calculated based on previous years' total ending cases. A percentage factor is added to current caseloads to account for cases that were approved for previous months eligibility. SSI cases can take up to 3 years for approval/denial.*

*Total of all MAABD Cases. For statistical purposes only as each aid code is different and cannot be compared.*

# Nevada Department of Health & Human Services, DWSS

## 5.10 Supplemental Nutrition Assistance Program (SNAP)

**Program:** The purpose of SNAP is to raise the nutritional level among low income households whose limited food purchasing power contributes to hunger and malnutrition among members of these households. Application requests may be made verbally, in writing, in person or through another individual. A responsible adult household member knowledgeable of the households circumstances may apply and be interviewed. The date of application is the date the application is received in the Division of Welfare and Supportive Services office.

**Eligibility:** The household's gross income must be less than or equal to 130% of poverty; the household's net income must be less than or equal to 100% of poverty to be eligible. Households in which all members are elderly or disabled have no gross income test. The resource limit for all households except those with elderly or disabled members is \$2,000; households with elderly or disabled members have a resource limit of \$3,000 (exceptions: one vehicle, home, household goods and personal items).

**Other:** Need Standard

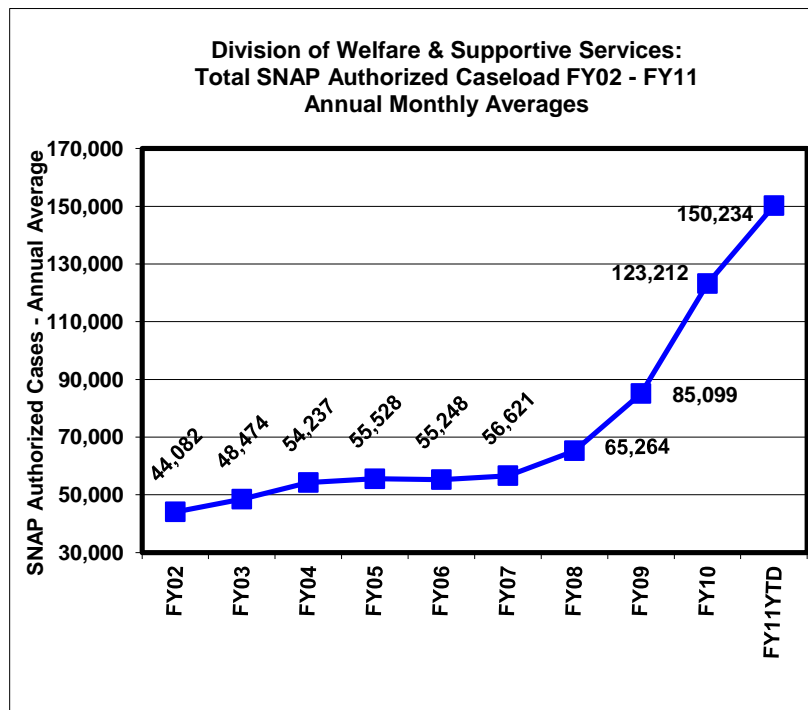
Household	200% of Poverty	130% of	100% of	Maximum
1	\$1,733	\$1,127	\$867	\$176
2	\$2,333	\$1,517	\$1,167	\$323
3	\$2,933	\$1,907	\$1,467	\$463
4	\$3,533	\$2,297	\$1,767	\$588
5	\$4,133	\$2,687	\$2,067	\$698
6	\$4,733	\$3,077	\$2,367	\$838
7	\$5,333	\$3,467	\$2,667	\$926
8	\$5,933	\$3,857	\$2,967	\$1,058

### Workload

FY 09 Avg Cases: 85,099  
 FY 09 TotExpend: \$241,986,318  
 FY 09 Tot#Apps: 249,027  
 FY 10 Avg Cases: 123,212  
 FY 10 TotExpend: \$381,588,683  
 FY 10 Tot#Apps: 253,637

### FYTD

Jul 10 142,092  
 Aug 146,258  
 Sep 149,333  
 Oct 150,965  
 Nov 153,110  
 Dec 154,234  
 Jan 11 155,645  
 Feb  
 Mar  
 Apr  
 May  
 Jun  
 FY11 Tot 1,051,637  
 FY11 Avg 150,234



### Comments:

The Food Stamp Program was renamed "Supplemental Nutrition Assistance Program" (SNAP) in October 2008. The SNAP caseload has increased substantially since the start of the recession in December 2007 because of the high unemployment experienced in Nevada. A change in SNAP regulations effective 3/15/2009 made many households categorically eligible based on receiving a benefit which meets Purposes 3 and 4 for TANF and having a gross income limit of 200% of poverty. There is no further income or resource test.

## Nevada Department of Health & Human Services, DWSS

### 5.11 Supplemental Nutrition Employment and Training Program (SNAPET)

**Program:** SNAPET promotes the employment of Food Stamp participants through job search activities and group or individual programs which provide a self-directed placement philosophy, allowing the participant to be responsible for his/her own development by providing job skills and the confidence to obtain employment. SNAPET also provides support services in the form of transportation reimbursement, bus passes and assistance meeting the expenditures required for Job Search (such as interview clothing, health or sheriff's card if it is known that one will be required).

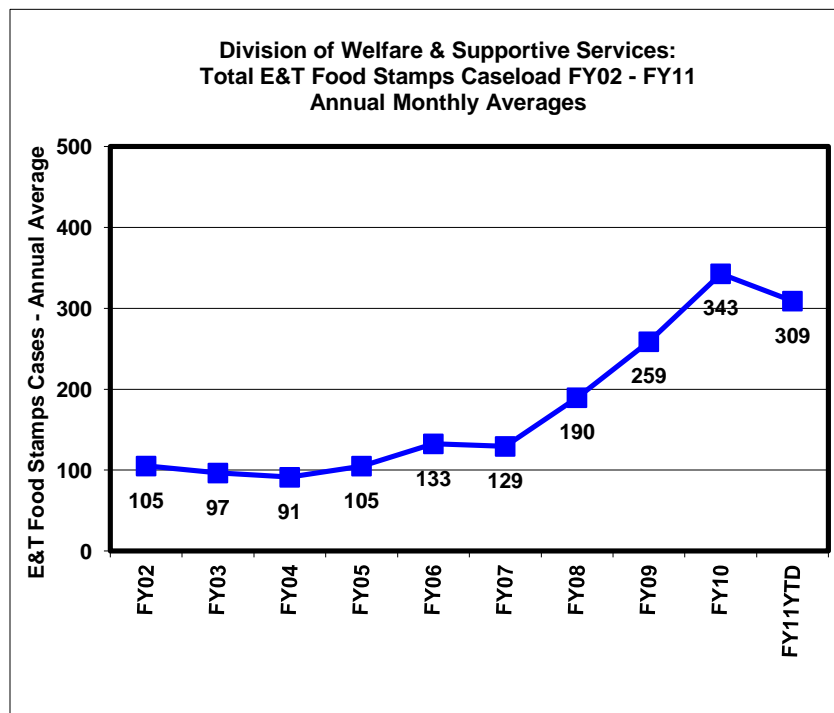
**Eligibility:** Registration and participation is mandatory and a condition of Food Stamp eligibility for all non-exempt Food Stamp participants. Persons who are exempt may volunteer.  
Persons are exempt when they are under age sixteen (16), age sixty ( 60) or older, disabled, caring for young children under the age of six (6) or disabled family members or are already working.

#### **Workload History:**

FY 08 Avg Cases:	190
FY 09 Avg Cases:	259
FY 10 Avg Cases:	343

#### **FYTD**

Jul 10	292
Aug	247
Sep	260
Oct	339
Nov	356
Dec	360
Jan 11	
Feb	
Mar	
Apr	
May	
Jun	
FY11 Tot	1,854
FY11 Avg	309



#### **Comments:**

*The SNAPET caseload parallels the SNAP caseload but on a smaller scale since we only work with clients who do not meet a work exemption. These clients are classified as work mandatory and are required to complete a two month job search program or until they have become employed.*

*FY06 and FY07 saw growth. FY08 starting showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history.*

*In FY09 caseloads increased an average of 3.2% per month. This equals to about 38% increase for the year.*

# Nevada Department of Health & Human Services, DWSS

## 5.12 Child Care and Development Program

### Program:

The Child Care Program assists low-income families, families receiving temporary public assistance, or families with children placed by CPS and Foster parents by subsidizing child care costs so they can work or attend training/school. Households are able to qualify for child care subsidies based upon their total monthly gross income, household size, and other requirements. Assistance is provided through 3 programs: Traditional - certificate for licensed or informal child care; Contracted Slots - and After School Programs; and Wrap-Around for services before and after the Head Start Program.

### Eligibility:

To qualify for child care subsidy assistance, the child must be 12 years old or younger unless the child has a verified special need. Other factors include citizenship, immunizations, relationship, residency and social security numbers. Additionally, adult household members and minor parents must have a purpose of care such as working or attending school or training.

### Other: Fee Scale

The Sliding Fee Scale provides the income limits for each household size. This is an example for a four person household. The (P) indicates the federal poverty level. The bold number in the center indicates 130% of the federal poverty level. The asterisk at the bottom signifies the number to the left is 75% of Nevada's median income. The column on the right designates the percentage of the State approved maximum child care rate which would be paid by the Child Care & Development Program. Contact the child care agency in your area for additional information.

Four	Subsidy %
\$ - \$ 1,721 (P)	95-110% **
\$ 1,722 - \$ 1,990	90%
\$ 1,991 - \$ 2,258	80%
\$ 2,259 - \$ 2,527	70%
\$ 2,528 - \$ 2,795	60%
\$ 2,796 - \$ 3,064	50%
\$ 3,065 - \$ 3,332	40%
\$ 3,333 - \$ 3,601	30%
\$ 3,602 - \$ 3,861 *	20%
\$ 3,862	

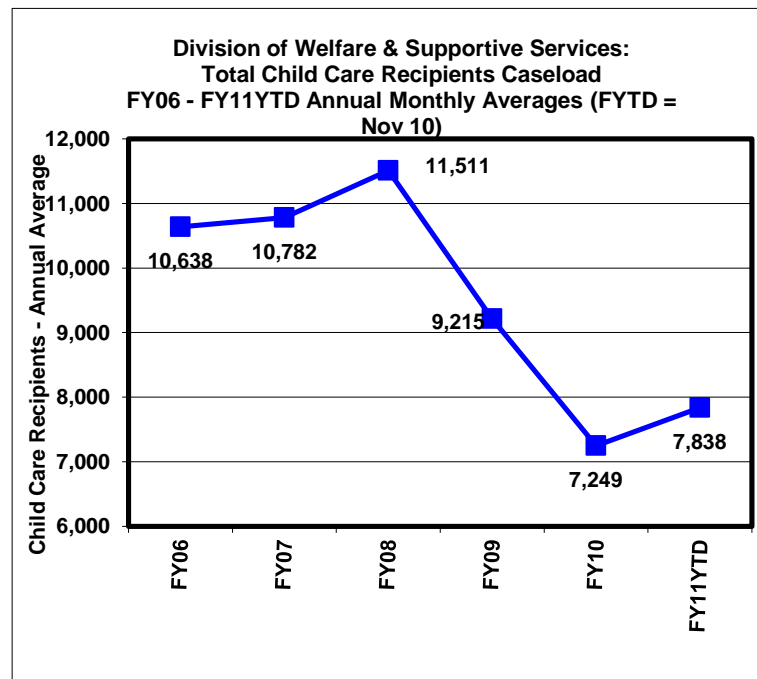
### Workload History:

FY 09 Avg Cases: 9,215  
FY 09 Total Payments: \$29,199,856

FY 10 Avg Cases: 7,249  
FY 10 Total Payments: \$28,936,348

### FYTD

Jul 10 7,309  
Aug 7,363  
Sep 7,898  
Oct 8,383  
Nov 8,238  
Dec  
Jan 11  
Feb  
Mar  
Apr  
May  
Jun  
FY11 Tot 39,191  
FY11 Avg 7,838



### Comments:

The unserved population in the Discretionary category was established in FY09, which capped that population at 2,500. This caused a significant downturn compared to previous fiscal years.

# Nevada Department of Health & Human Services, DWSS

## 5.13 Child Support Enforcement Program

### Program:

The program is a federal, state, and local intergovernmental collaboration functioning in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the Virgin Islands. The Office of Child Support Enforcement in the Administration for Children and Families of the U.S. Department of Health and Human Services helps states develop, manage and operate child support programs effectively and according to federal law.

The Child Support Program is supervised by DWSS and jointly operated by county district attorneys' offices through cooperative agreements.

### Eligibility:

There are no eligibility requirements for child support services which include locating the non-custodial parent, establishing paternity and support obligations and enforcing the child support order. Non-public assistance custodians fill out an application for services. Public assistance custodians must assign support rights to the state and cooperate with the agency regarding child support services.

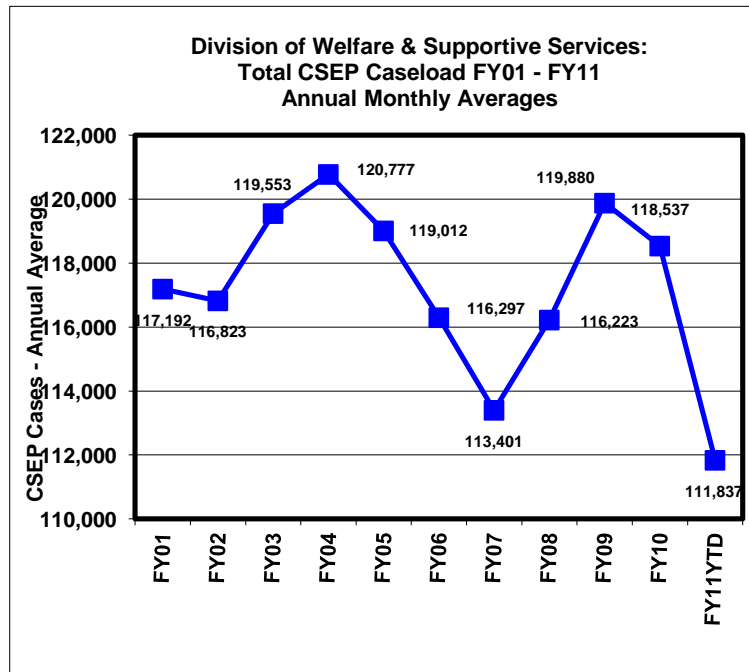
### Workload History:

FY 09 Avg Cases: 119,880  
FY 09 Gross Collection: \$190,356,336

FY 10 Avg Cases: 118,537  
FY 10 Gross Collection: \$191,380,352

### FYTD

Jul 10	115,376
Aug	113,801
Sep	109,853
Oct	110,945
Nov	110,687
Dec	110,361
Jan 11	
Feb	
Mar	
Apr	
May	
Jun	
FY11 Tot	671,023
FY11 Avg	111,837



### Comments:

As illustrated in the Bureau of Labor Statistics Data, the CSE caseload trend is tied closely to the economy. When the economy is good, fewer customers need child support services; when there is a downward turn in the economy, more customers need child support services. Additional factors contributing to the caseload trend going down include case closure projects, stopping inappropriate referrals (unborn cases), and NCPs moving out of the state to find another job. A factor that may contribute to the increase in caseload is fewer staff to work the cases due to hiring freezes and budget cuts. FY02 through FY04 still showed significant caseload growth attributed to the terrorist attacks of September 11, 2001. With the turnaround of the economy, good jobs and low unemployment rates caseloads dropped considerably starting in FY05 through FY07. FY08 started showing the effects of the current deep recession (started in December 2007), layoffs and high unemployment rates not seen in recorded history.

# Nevada Department of Health & Human Services, DWSS

## 5.14 Energy Assistance Program

**Program:** The Energy Assistance Program (EAP) assists eligible Nevadans maintain essential heating and cooling in their homes during the winter and summer seasons. The program provides for emergency assistance as well.

**Eligibility:** Citizenship, Nevada residency, household composition, social security numbers for each household member, energy usage and income are verified prior to the authorization and issuance of benefits. Eligible households' income must not exceed the greatest of 150% of poverty level. Priority is given to the most vulnerable households, such as the elderly, disabled and young children.

**Other:** Need Standard

### 2009 HHS Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

### ESTIMATED STATE MEDIAN INCOME FFY 2010

60% of estimated State median income for a 4-person household
\$41,188

### Workload History:

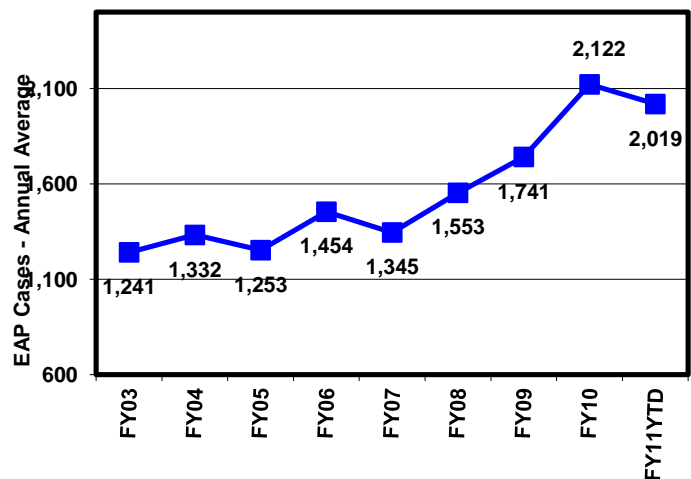
FY 09 Avg Cases: 1,741  
FY 09 Tot Cases: 20,893  
FY 09 Tot Expend: \$15,432,510  
FY 09 Tot #Apps: 32,611

FY 10 Avg Cases: 2,122  
FY 10 Tot Cases: 25,458  
FY 10 Tot Expend: \$23,486,570  
FY 10 Tot #Apps: 38,674

### FYTD

Jul 10 698  
Aug 2,546  
Sep 2,460  
Oct 2,255  
Nov 2,034  
Dec 2,118  
Jan 11  
Feb  
Mar  
Apr  
May  
Jun  
FY11 Tot 12,111  
FY11 Avg 2,019

Division of Welfare & Supportive Services:  
Total Energy Assistance Program Caseload  
FY03 - FY11 - Annual Monthly Averages



### Comments:

*Nevada's Energy Assistance Program in FY 09 received a larger Low Income Heat Energy Assistance Block Grant than planned. This combined with an increased demand in program services due to the current economic climate has resulted in increased application activity and consequently additional cases being approved.*



# Nevada Department of Health & Human Services, Health Division

## 6.01 Early Intervention Services (Part C, Individuals with Disabilities Education Act)

**Program:** With regional sites in Las Vegas, Reno, Carson City, Elko and Ely, the Nevada Early Intervention Services (NEIS) provides services for children under the age of three with developmental delays. In addition, State Health Division contracts with community providers to provide early intervention services. The Part C Individuals with Disabilities Education Act (IDEA) Office is responsible for ensuring that all families have equal access to an early intervention program with appropriate services and supports.

**SFY10 Funding:** State General Funds: \$16,635,651 (71.8%)  
Federal Funds: \$5,744,540 (24.8%) - Includes IDEA/Maternal & Child Health/Child Care Development  
Third Party Revenue: \$784,528 (3.4%) - Includes Medicaid and Private Insurance  
**Total SFY10 Funding: \$23,164,719**

**Eligibility:** In Nevada, a child must be under the age of three and have a minimum of a 50% delay in one developmental area or a 25% delay in two of the following areas: cognitive development, social or emotional development, physical development, including vision and hearing, communication, or adaptive development. A child may also be eligible for services if they have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

**Other:** Early intervention services include but are not limited to: service coordination, occupational, physical, and speech therapies, vision and bearing services, nutritional services, specialized instruction, parent support, training and counseling, interpreting services, and assistive technology. Services are voluntary and provided at no cost to parents. Services focus on supporting the family to find opportunities for learning in their child's daily routine, such as playtime, mealtime, etc. With parent permission, commercial insurance may be used to assist with service costs. Part C, Individuals with Disabilities Education Act (IDEA) Office ensures compliance with the federal requirements of the Individuals with Disabilities Education Improvement Act of 2004, including parent procedural safeguards for dispute resolution. Part C, IDEA staff monitor all early intervention programs in the state and provide training to ensure that early interventionists have the most current best practices information. Compliance monitoring and accountability includes self-assessment measures, as well as external reviews, technical assistance, data collection, and investigating formal parent complaints.

### Workload History:

FY 09 Mo Avg Cases:	2,195	FY 11 Mo Avg Cases:	2,428
FY 09 TotExpend:	\$20,428,405	FY 11 TotExpend:	
FY 09 Tot# Referrals:	4,399	FY 11 Tot# Referrals:	1,742
FY 10 Mo Avg Cases:	2,106		
FY 10 TotExpend:	\$21,220,367		
FY 10 Tot# Referrals:	4,507		

### FYTD

Month	New Referrals	Total IFSPs	Waiting For Svcs	Receiving Svcs	Exiting with IFSPs
Jul 10	434	2,297	288	2,009	136
Aug	420	2,382	285	2,097	110
Sep	466	2,481	357	2,124	139
Oct	422*	2,553	299	2,254	128
Nov					
Dec					
Jan 11					
Feb					
Mar					
Apr					
May					
June					
<b>FY11 YTD</b>	<b>1,742</b>	<b>9,713</b>	<b>1,229</b>	<b>8,484</b>	<b>513</b>
<b>FY11 Avg YTD</b>	<b>446</b>	<b>2,428</b>	<b>307</b>	<b>2,121</b>	<b>128</b>

\*This number will not be final until a quarterly clean up of the data is completed.

### Comments:

*Referrals are primarily received from the following sources; parents, physician, social service agencies, and hospitals. The child is then assessed by a multi-disciplinary team to determine eligibility, eligibility needs to be established and an Individualized Family Service Plan (IFSP) needs to be developed within 45 days of the referral. Services are required to start no later than 30 days after the development of the IFSP. Children leave early intervention by aging out at three years of age or move out of state, parent withdraws, attempts to contact the family are unsuccessful, child dies or the goals on the IFSP have been met.*

# Nevada Department of Health & Human Services, Health Division

## 6.02 Early Hearing Detection and Intervention

### Program:

The Nevada Early Hearing Detection and Intervention (EHDI) program works to ensure that all infants are screened for hearing loss at birth, and that all infants identified with hearing loss receive appropriate intervention. The program is funded by grants from the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). The negative effects of hearing loss can be substantially mitigated through intervention that includes amplification and speech therapy. The program works with all 24 state birthing hospitals and Nevada Early Intervention Services (NEIS) to ensure infants are screened, identified, and entered into services within necessary time frames. The program also works with non-profit agencies focused on hearing loss around the state, and has an active Task Force working to develop best practices.

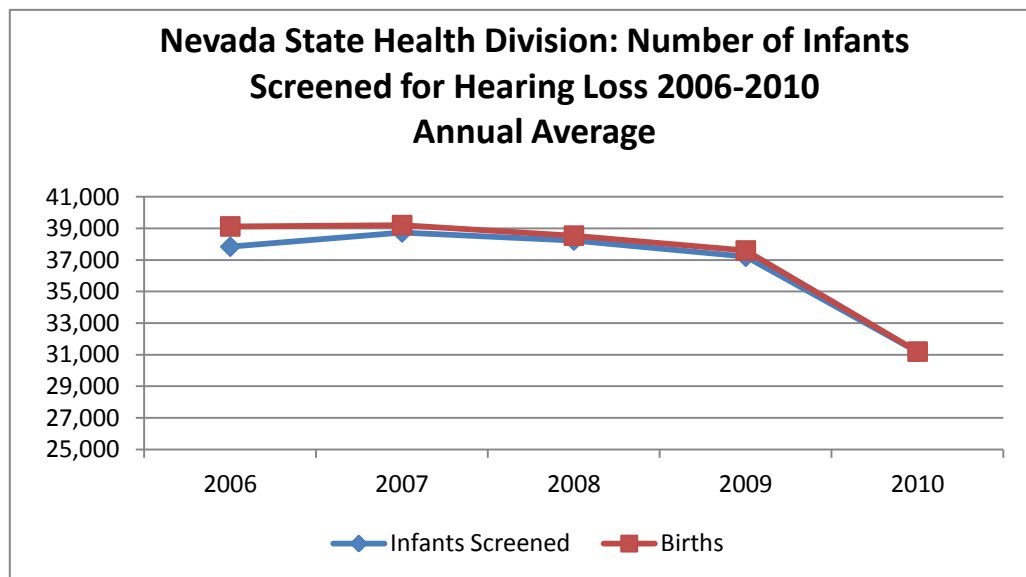
### Eligibility:

NRS 442.450 requires all hospitals in the state with 500 or more births per year to screen newborn infants' hearing. At this time all birthing hospitals in the state are screening. All infants that refer from the hearing screening program are eligible for NEIS.

### Other:

Intervention increases the access to services and dramatically decreases the long-term costs associated with hearing loss.

BY CALENDAR YEAR	Infants Screened	Births	Percentage of Births
2006	37,838	39,122	96.72%
2007	38,744	39,209	98.81%
2008	38,232	38,541	99.20%
2009	37,205	37,600	98.95%
2010	31,186	31,199	99.96%



### Comments:

2010 is preliminary hearing screening and birth data through November. Birth numbers May not increase at the same rate as in

### Website:

[http://health.nv.gov/NCCID\\_NewbornScreening.htm](http://health.nv.gov/NCCID_NewbornScreening.htm)  
<http://www.cdc.gov/ncbddd/ehdi/>

# Nevada Department of Health & Human Services, Health Division

## 6.03 Public Health and Clinical Services

**Program:** Public Health and Clinical Services (PHCS) is the combination of Community Health Nursing/Public Health Preparedness, Environmental Health Services, Early Intervention Services (EIS), and WIC. These programs promote optimal wellness in frontier and rural Nevada through the delivery of public health nursing, preventive health care, food safety inspections, early detection of threats to public health, response to natural and human caused disasters, and education and statewide for EIS and WIC. Essential public health services such as adult and child immunizations, well child examinations, chronic disease education, lead testing, Family Planning/Cancer Screening, identification/treatment of communicable diseases such as Tuberculosis (TB), Sexually Transmitted Diseases (STD) and Human Immunodeficiency Virus (HIV) are offered. Two Community Health Nurses (CHN) function as the school nurse in the rural districts without school nurses. Other nursing services are provided based on the needs of the county served.

**Eligibility:** All individuals may access the CHN clinics. The targeted populations are: the working poor, under and uninsured, and indigent populations of the fourteen (14) frontier and rural counties in Nevada. PHCS CHN services are based On the federal poverty guidelines using a Sliding Scale Fee structure. Services are not denied due to inability to pay.

**Other:** Environmental Health Services (EHS) involves those aspects of public health concerned with the factors, circumstances, and conditions in the environment or surroundings of humans that can exert an influence on health and well-being. The majority of workload is associated with food establishments.

### Community Health Nursing History:

FY 10 Avg Cases:	2,537
FY 10 Tot Expend:	\$3,411,717
FY 11 Avg Cases:	1,946
FY 11 Tot Expend:	\$1,237,894

### Environmental Health Food Establishments

FY 09 Total Food Establishment Inspections	2,388
FY 09 Total Fees	\$620,855
FY 09 Total Permits	2,904
FY 10 Total Food Establishment Inspections	3,496
FY 10 Total Fees	\$618,780
FY 10 Total Permits	2,635

### Community Health Nursing FY11

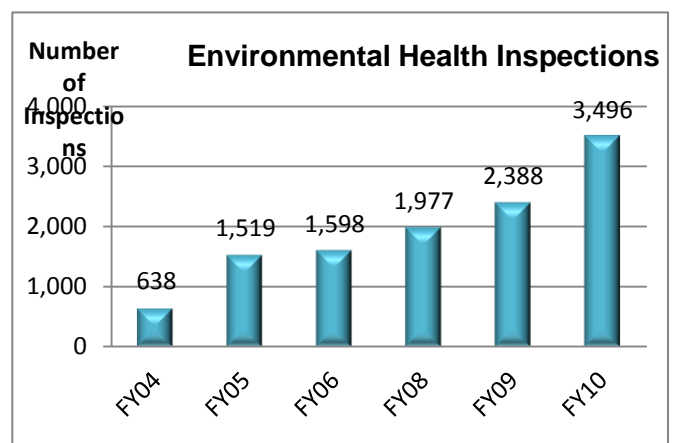
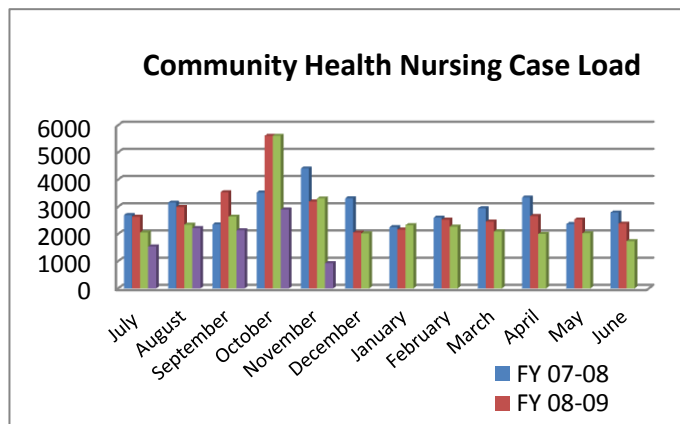
Jul10	1,543	Jan 11
Aug	2,219	Feb
Sep	2,138	Mar
Oct	2,904	Apr
Nov	926	May
Dec		Jun

<b>FY11 Tot</b>	<b>9,730</b>
<b>FY11 Avg</b>	<b>1,946</b>

### Consumer Health Protection FY10

Jul 09	196	Jan 10	219
Aug	291	Feb	302
Sep	283	Mar	391
Oct	273	Apr	352
Nov	258	May	306
Dec	248	Jun	377

<b>FY09 Tot</b>	<b>3,496</b>
<b>FY09 Avg</b>	<b>291</b>



**Comments:** Community Health Nurse caseloads are generally decreasing due to a frozen nursing position in Winnemucca and remodeling that has resulted in several clinics being temporarily closed. Health inspections are increasing as a result of a change in strategy. Staff are inspecting more low-risk sites, while maintaining oversight of high-risk sites, through more efficient site visit scheduling. Multiple sites are now reviewed in a single trip.

# Nevada Department of Health & Human Services, Health Division

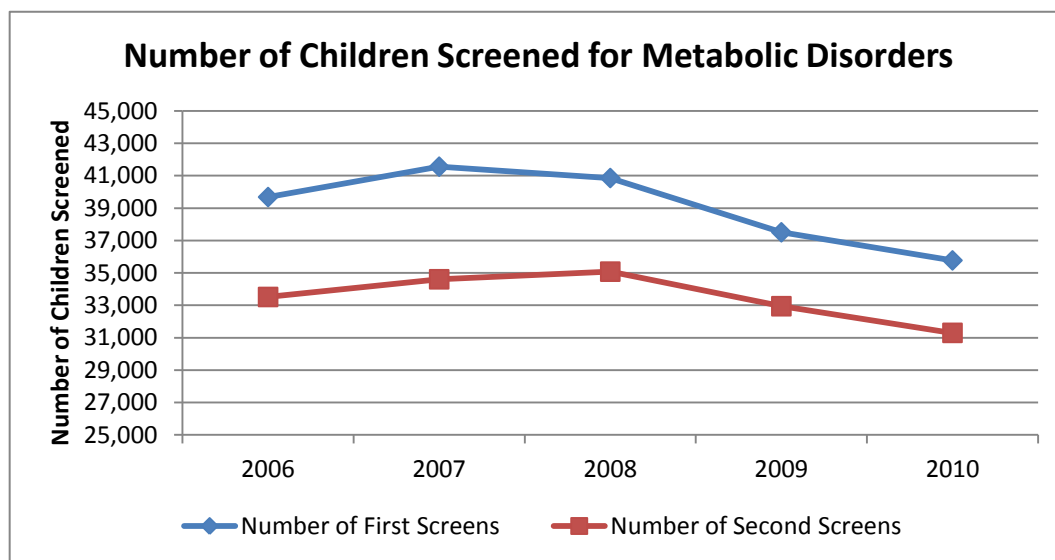
## 6.04 Newborn Screening (NBS) Program

**Program:** Nevada Revised Statutes (NRS 442.008) mandates that all infants born in Nevada receive newborn screening for congenital disorders. A first screen is required between the third and seventh day of life, and a second screen is required between the 15th and 56th day of life. The Newborn Screening Program contracts with the Oregon Public Health Laboratory (OPHL) to test for 32 different disorders including cystic fibrosis, which was added to the screening panel in 2008. This screening is funded through birth registration fees. OPHL is also contracted to follow-up on positive screens and provides medical consultants to Nevada's primary care physicians until a confirmation of diagnosis is reached. The families of infants with identified disorders are provided care through Nevada Early Intervention Services, or other community providers.

**Eligibility:** There are no eligibility requirements. Newborn screens are required of all infants born in Nevada and birthing facility staff are required to collect an acceptable sample before the infant leaves the facility. NAC 442.020-050.

### Infants screened by year

Year	Number of First Screens	Number of Second Screens	Total	Percent of births receiving first and second screens
2006	39,685	33,516	73,201	84.5%
2007	41,560	34,609	76,169	83.3%
2008	40,858	35,080	75,938	85.9%
2009	37,509	32,941	70,450	87.8%
2010	35,774	31,300	67,074	87.5%



**Comments:** There is currently a 9 percent gap between infants receiving a first and a second newborn screen which is improved from last year's gap of 12 percent. For programs around the Nation that provide a second newborn screen the gap is consistent between 10 and 20 percent. Factors which influence the number of children receiving a second screen include whether or not parents and primary care physicians received appropriate education around newborn screening, as well as parent follow-through. 2010 is preliminary data reflecting first and second screens through November.

**Websites:** [http://health.nv.gov/NCCID\\_NewbornScreening.htm](http://health.nv.gov/NCCID_NewbornScreening.htm)

# Nevada Department of Health & Human Services, Health Division

## 6.05 Oral Health Program

**Program:** Nevada State Health Division, Oral Health Program (OHP), including School-Based Dental Sealant Promotion and Oral Health Surveillance. For sealants, state staff provide technical support to organizations that implement school-based sealant programs. Second grade students are the primary target. However, St. Mary's also targets 6th grade students and Seal Nevada South targets 2nd through 5th grade students. Programs must have the eligible student's parents' signed consent "permission" to participate in the program. Surveillance is used by the state and its partners to chart progress, identify gaps, and identify where resources should be targeted. OHP is guided by the thirteen member Advisory Committee on the State Program for Oral Health (AC4OH). The OHP also works with four regional dental coalitions covering most of Nevada's counties.

**Eligibility:** For dental sealants, schools with > 50% Free and Reduced lunch eligibility or located in a county that has been designated as underserved. However, St. Mary's has targeted 60% Free and Reduced eligibility. For surveillance no eligibility required. This is a population-based program targeting all residents of Nevada.

**Other:** The State Oral Health Plan was updated in 2008. A bi-annual comprehensive report on oral health status and oral health promotion activities, the Burden of Oral Disease in Nevada, was last updated through 2008 and published in 2009. The most recent reports on the oral health status of the target populations were released as follows: Adults - 2006; Adults residing in assisted living facilities - 2005; Children enrolled in elementary school - 2009; Preschoolers - 2007; Individuals with mental and developmental disabilities - 2008.

### **FYTD**

FY11\*

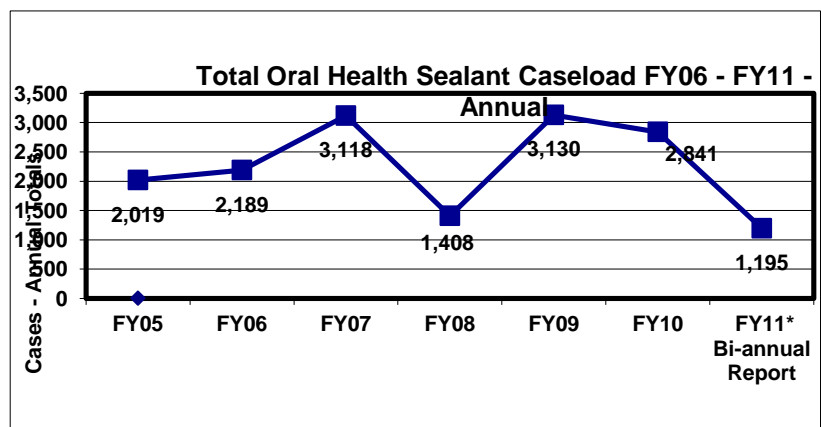
1,195 children screened\*\*

1,195 Sealants placed

\*FY11 only denotes data from 7/10-12/10.

\*\*Year end report will designate how many children were screened and received sealants.

\*\*\*During the 2009 CDC site visit it was recommended by CDC representatives that school-based sealant programs utilize the CDC developed software, SEALS, for data collection. This new software program tracks molar sealant application as 2 sealants per molar (surfaces to include occlusal, lingual and/or buccal) which explains the increase in sealant application totals from previous years.



**Comments:** The FY 2009 statewide Third Grade Basic Screening Survey (BSS) showed 37.5% of Nevada's third grade students have sealant. A related Healthy People 2010 objective is to have 50% of children, aged 8 years, have one or more dental sealant program in schools in Washoe County with 60% or higher Free and Reduced Lunch. The Seal Nevada South Program in Las Vegas applied for a Fund for a Healthy Nevada grant to continue their dental sealant program in Clark County schools, however they were not funded for SY '10-'11. During FY 2010 a new school-based sealant program was established in Nevada. Future Smiles was opened at a fixed site at an elementary school in Clark County. Most noteworthy, the 2008-2009 school year saw the strongest outreach of existing programs (Seal Nevada South and St. Mary's) with 3,130 children receiving dental sealants through funding from DHHS Fund for a Healthy Nevada. Both St. Mary's and Seal Nevada South were heavily funded by DHHS Fund for a Healthy Nevada during the 2008-2009 school year. However, because of the 2010-2011 budget shortfall DHHS Fund for a Health Nevada was only able to fund one school-based sealant program, St. Mary's. All other programs will only be able to operate on a very future funding for school-based dental sealant programs in Nevada threatened due to the State's current economic situation and the possible reduction or elimination of the Fund for A Healthy Nevada as an ongoing source of funding.

**Website** [http://health.nv.gov/CC\\_OralHealth.htm](http://health.nv.gov/CC_OralHealth.htm)

# Nevada Department of Health & Human Services, Health Division

## 6.06 Ryan White AIDS Drug Assistance Program

**Program:** The Ryan White Part B program is a federally funded grant that offers many services for HIV and AIDS residents of Nevada who meet the eligibility criteria. The AIDS Drug Assistance Program (ADAP) is the Ryan White CARE Program that combines federal and state funds to supply formulary medications to clients through contracted ADAP pharmacies. Medicare Part D and Health Insurance Continuation Program assistance is also available. Eligibility intake is offered in the north at the ACCESS to Healthcare office in Reno and in the south at the Aid for AIDS in Nevada (AFAN) office in Las Vegas.

**Eligibility:** Client income must not exceed 400% of federal poverty level guidelines - approximately \$43,320 for a single person. A client may own a single-family home and a car. Additional assets of the client may not exceed \$4,000. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

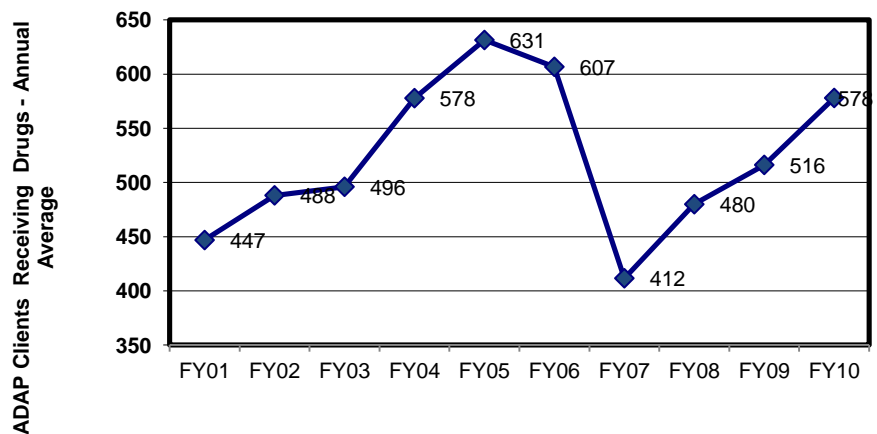
### Workload History:

State Fiscal Year	Avg Cases/month	Total Expenditures
FY06	607	\$7,603,697
FY07	412	\$5,121,494
FY08	480	\$6,946,589
FY09	516	\$6,900,347
FY10	578	\$7,644,976

### Fiscal Year to Date:

Jul08	508
Aug	487
Sep	510
Oct	500
Nov	486
Dec	522
Jan	533
Feb	516
Mar	543
Apr	512
May	520
June	557
<b>FY09 Tot</b>	<b>6,194</b>
<b>FY09 Avg</b>	<b>516</b>

Ryan White ADAP Caseload FY01 - FY10- Annual Monthly Averages



### Comments:

The Medicare Part-D program went into effect on January 1, 2006. Clients were not required to complete their enrollment until May 15, 2006. The Ryan White ADAP program did not see the full effect of the decrease in client caseload until June 1, 2006. The chart above reflects the significant drop in the client case load between SFY06 & SFY07. The FY 08 Tot Expend includes State and Federal ADAP Drug costs, HICP expenditures as well as ADAP monitoring expenses. Starting at the beginning of 2007 the program was seeing the same trend in new clients as it did from 2003 - 2005. This case load has averaged about 12-16% year to year increase with the exception of the implementation of Medicare Part-D. The current average cost per client is \$13,200/yr. for ADAP only clients (\$1 mil/75 clients).

**Website:** <http://health.nv.gov.hiv>

# Nevada Department of Health & Human Services, Health Division

## 6.07 Sexually Transmitted Disease Program

### Program:

The Sexually Transmitted Disease Prevention and Control Program's major function is to reduce the incidence and prevalence of sexually transmitted diseases in Nevada. The program emphasizes the importance of both education and screening of people who engage in high-risk activities by a comprehensive program of: 1) case identification and locating, 2) testing and treatment, and 3) education. The program's functions are achieved by working through public and private medical providers, local health authorities, and state and local disease intervention specialists.

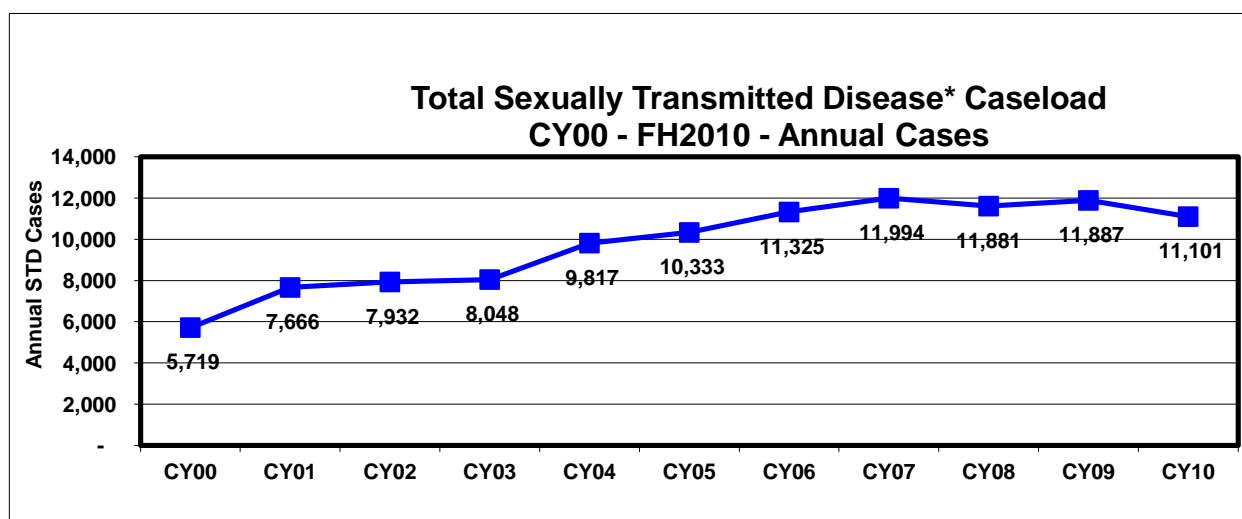
### Trends:

Overall in Nevada, reported Chlamydia cases have increased from 7,335 in 2005 to 9,343 in 2010, a 27 percent increase during that five year period, however number of cases decreased from 2009 to 2010. The rate of Chlamydia in 2010 in Nevada was 341.1 cases per 100,000 population based on 2008 demographer's interim population estimates). Nevada fell below the national average Chlamydia rate in 2008 (most recent data available).

The number of reported cases of gonorrhea in Nevada has been steadily decreasing over the past five years with 2,889 in 2005 to 1,672 in 2010. The national gonorrhea rate in 2010 was 59.4 cases per 100,000 persons (based on 2008 demographer's interim population estimates), and Nevada was below the national average.

The syphilis outbreak in Nevada began in 2004, and by 2005, 109 cases of primary and secondary syphilis cases had been reported. The number of cases reported peaked in 2006, when 137 cases were reported in Nevada and 132 of those cases were residing in Clark County. Since 2006, the number of cases have decreased; yet from 2008 to 2010 the number of cases are increasing with 131 identified Primary and Secondary (P&S) cases in 2010. Nevada had a rate per 100,000 for primary and secondary syphilis of 4.8 in 2010, which is above the national average of 4.5 (in 2008).

Nevada experienced a peak in congenital syphilis cases in 2006 when 14 cases were reported. Nevada ranked first nationally for the congenital syphilis case rate that year. In 2007, 8 cases were reported, and is now on the decline in 2010 with 4 cases reported. Despite vigorous public health control efforts, cases of congenital syphilis continue to occur in Nevada, presenting an ongoing challenge for the medical and public health community. One response to this challenge was the passage of Senate Bill 304 during the 75th (2009) Legislative Session. SB 304 changes the requirements for syphilis screening of pregnant women from a one-time screening during the third trimester to two screenings, one in the first trimester and one in the third trimester. This change is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC).



*\*Includes chlamydia, gonorrhea, and primary and secondary syphilis*



# Nevada Department of Health & Human Services, Health Division

## 6.08 Women's Health Connection Program

**Mission:** Reduce breast cancer mortality and incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

**Program:** The Women's Health Connection (WHC) Program is a federally funded cooperative agreement through the Centers for Disease Control and Prevention (CDC). The cooperative agreement is authorized for 5-year periods, and the current agreement expires on June 29, 2012. Funding is awarded to pay for an office visit for the purpose of having a clinical breast exam, pelvic exam, and Pap test, if needed, for eligible clients. The program pays for the Pap test and will pay for mammograms for women 50 years of age and older. Clients who need a diagnostic work-up based on an abnormal screening exam also are covered by the program. Women diagnosed with breast or cervical cancer as a result of a program-eligible screening or diagnostic service and who are legal citizens of the U.S. are processed into Medicaid for treatment. The program fiscal year is June 30 to June 29 of each year.

**Eligibility:** Women must be residents of Nevada, be 40 to 64 years of age, not have health insurance, and must meet the income requirements noted below. Women between the ages of 18 and 39 are eligible for a diagnostic work-up of an abnormal Pap test if they are screened through the State Health Division's Frontier and Rural Health Program (FaR). Women 65 years of age or older who are not eligible for Medicare are eligible for this program.

Household Size	Eligible Monthly Income*
1	\$2,256
2	\$3,035
3	\$3,815
4	\$4,594
5	\$5,373
6	\$6,152
7	\$6,931
8	\$7,710

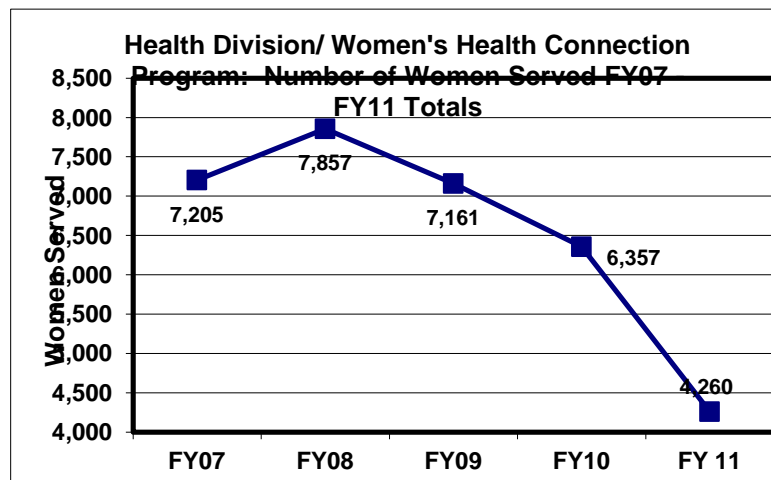
Income is based on 250 percent of the Federal Poverty Level with rates adjusted on July 1 of each year.  
\*Effective June 30, 2010.  
Note: For each additional person, add \$3,740

### Workload History:

State Fiscal	Avg Cases/month	Total Expenditures	Total New Enrollees
FY08	655	\$2,527,397	3,265
FY09	597	\$2,527,397	2,662
FY10	530	\$2,527,397	2,773
FY11 YTD	710	\$2,527,397	1,711

### Fiscal Year

Jul 10	819
Aug	768
Sep	915
Oct	923
Nov	597
Dec	238
Jan 11	
Feb	
Mar	
Apr	
May	
Jun	
FY11 Tot YTD	4,260
FY11 Avg	710



### Comments:

The increase between FY07 and FY08 was due to the economic downturn creating more eligible women who also accessed services. In FY10 WHC reached program capacity in December 2009 and had to suspend new enrollments of asymptomatic women. Data points change from previous Nassir Notes due to change in methodology to accurately reflect program performance. Numbers for FY11 are for the first 6 months of FY11 and if trend continues in the later half of FY11, it is anticipated that WHC will serve over 8,500 women. If realized, this would be a 34% increase in # of women served compared to FY10. This would also be a 19% increase, 8% increase and 18% increase compared to FY09, FY08, and FY07 respectively.

**Website:** [http://health.nv.gov/CD\\_WHC\\_BreastCervical\\_Cancer.htm](http://health.nv.gov/CD_WHC_BreastCervical_Cancer.htm)



# Nevada Department of Health & Human Services, Health Division

## 6.09 Women, Infants, and Children (WIC) Supplemental Food Program

### Program:

The Special Supplemental Food Program for Women, Infants, and Children, commonly known as WIC, is a 100% federally funded program that provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. At WIC participants get access to good healthy foods, advice on good nutrition, health screening, information on health care services like immunizations, prenatal care, and family planning, and information about other family support services available in their community.

### Eligibility:

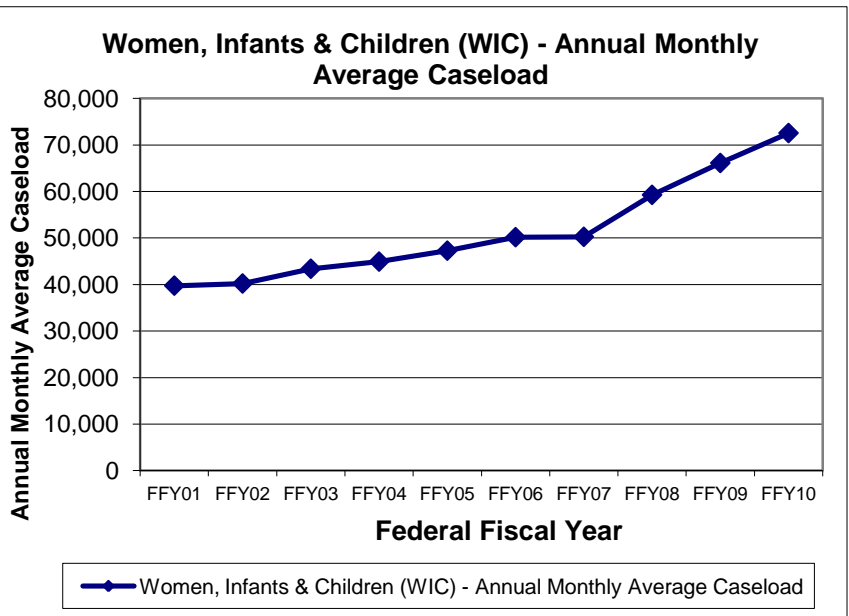
Applicant must be (1) an infant or child under five years of age, (2) a pregnant woman, (3) a postpartum woman (up to 6 months after giving birth), or (4) a breastfeeding woman (up to the breastfed infants first birthday). Must be a Nevada resident and physically live in Nevada at the time of application. Must be at or below 185% of the federal poverty level. Last, but not least, the applicant must be at nutritional risk as determined by a Competent Professional Authority (CPA) at the WIC clinic.

### Workload History:

Federal Fiscal Year	Total Expenditures	Average Caseload
FFY07	9,363,868	50,232
FFY08	9,570,882	59,252
FFY09	9,887,570	66,098
FFY10	12,900,089	72,533

### Caseload FFYTD:

Month	Caseload
Oct-09	70,614
Nov-09	70,882
Dec-09	70,899
Jan-10	71,588
Feb-10	72,002
Mar-10	73,279
Apr-10	73,297
May-10	73,451
Jun-10	73,428
Jul-10	73,304
Aug-10	73,816
Sep-10	73,838
<b>FFY10 Total</b>	<b>870,398</b>
<b>FFY10 Average</b>	<b>72,533</b>



### Comments:

As one of the fastest growing states in the country, Nevada has experienced a WIC participation growth of 25% from FFY06 to FFY09. Further, food funding for the WIC program for the same period has increased 28%, from a total of \$30,267,513 in FFY06 to \$41,935,901 in FFY09.

The WIC program has completed its initiative through a contract with JP Morgan for the automation of the issuance of all WIC Benefits using Electronic Benefits Transfer (EBT). All participants can now use their new EBT card at any of WIC's 220 authorized grocery stores.

### Website:

<http://health.nv.gov/WIC.htm>

# Nevada Department of Health & Human Services, Health Division

## 6.10 HIV Prevention Program

**Program:** The Human Immunodeficiency Virus (HIV) Prevention Program facilitates a process of community based HIV prevention planning. At present, the Health Division funds Washoe County Health District (WCHD) and Southern Nevada Health District (SNHD) who act as fiscal agents and provide funding to local community based organizations through the Request For Proposal process. The Health Division also provides funding for HIV testing, social marketing campaigns, information and condom distribution, partner counseling and referral services, program evaluation and data collection.

**Eligibility:** There are no eligibility requirements. It is our mandate to reduce HIV infections in Nevada, and this is accomplished by providing services to everyone. Some community based programs do require that participants meet criteria as outlined in the curriculum, i.e. target population or risk factors.

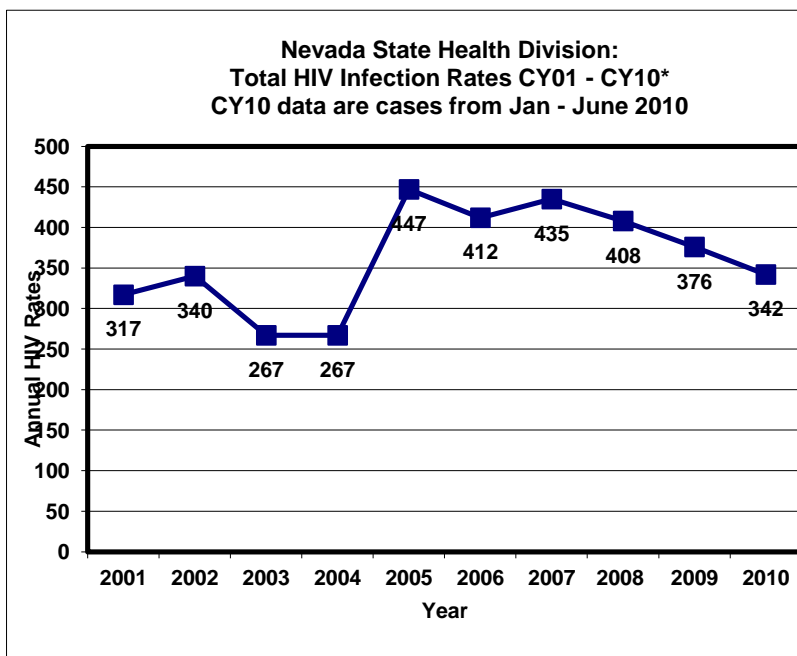
**Other:** Please note that the HIV Prevention Program is funded on a calendar year basis and therefore data and expenditures for this report are reported on the calendar year, not fiscal year.  
The HIV Prevention Program does not track applications for services; therefore there is no data available.

### Workload History:

CY 07: Total Cases:	435
CY 07: Total Funding:	\$2,823,112
CY 08: Total Cases:	408
CY 08: Total Funding:	\$2,713,662
CY 09: Cases to Date	376
CY 09: Total Funding	\$2,713,662
CY 10: Total Cases:	342
CY 10: Total Funding:	\$2,713,662
CY 11: Cases to Date	N/A
CY 11: Total Funding	\$2,713,662

### CY- HIV Infection Rate

2001	317
2002	340
2003	267
2004	267
2005	447
2006	412
2007	435
2008	408
2009	376
2010	342



### Comments:

Though it is near impossible to accurately identify the reason for a decrease in reported HIV/AIDS cases for FY 2008, it is likely the result of:

1. Reporting delays (an increase in reported cases will likely occur as time progresses),
2. Intra-state duplication of reported HIV/AIDS cases (in December 2008, Nevada moved to a new HIV/AIDS database - eHARS - which has allowed the state and local jurisdictions to immediately fix intra-state duplicate case reports), and
3. Inter-state duplication (the CDC provides each state with potential duplicate case reports between states and each must fix that duplication, this may result in decreased cases in Nevada).

# Nevada Department of Health & Human Services, Health Division

## 6.11 Immunization

**Program:** The overall goal of the Immunization Program is to decrease vaccine-preventable disease morbidity through improved immunization rates among children, adolescents and adults in Nevada. The Program collaborates with public and private vaccine providers, schools, immunization coalitions and other stakeholders to improve immunization practices by enrolling providers into the Vaccines For Children (VFC) Program and educating providers how to record vaccination data in the Statewide Immunization Registry (Nevada WebIZ).

**Program Participation and Eligibility:** **Vaccines For Children Program:** Any physician, healthcare organization or medical practice licensed by the State of Nevada to prescribe and administer vaccines may enroll as participants in the VFC Program. The Program provides federally funded vaccines at no cost to these participants, who, in turn, administer them to eligible children. Eligible children are NV Checkup enrolled, Medicaid eligible, American Indian/Alaska native, uninsured or underinsured, and are not charged for the vaccine.

**Nevada WebIZ:** Any physician, health care organization or medical practice that administers vaccines and any organization with a need to verify immunization coverage may enroll as users of Nevada WebIZ (immunization registry). Vaccination data collected in the registry can be used to identify those at risk in the event of a disease outbreak or other emergency and to locate communities with low vaccine coverage rates to target interventions. On July 1, 2009 Nevada Revised Statute 439.265 (and corresponding regulations) went into effect, requiring all persons vaccinating children in Nevada to enter certain data about the vaccination event into the Registry. On January 28, 2010 the NRS corresponding regulation was updated requiring all persons vaccinating adults in Nevada to also record specific information into the Registry.

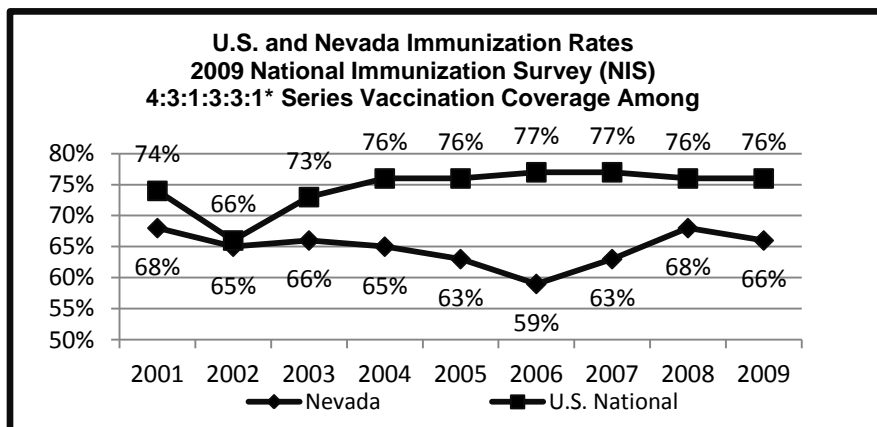
**Program Participation:**  
(by county)

Vaccines For Children Participation Status		
Clark	155	259 "Active" Providers (currently receiving vaccine supply) 28 "Temp Leave" Provider (vaccine shipments temporarily suspended)
Washoe	50	
Carson/Rural	82	

Nevada WebIZ Participation Status (by physical location)		
Clark	990	(includes out of state)
Washoe	308	
Carson/Rural	220	

Approx. 100% of Vaccines for Children participants are regularly entering data in Nevada WebIZ.

**Immunization Rates:**  
(for 2009\*)



**Comments:**

\*\*Hib vaccine production was reduced beginning in 2007, and began to increase in July 2009. The Hib shortage was related to a voluntary recall and suspension of vaccine production. To ensure that enough vaccine would be available for all U.S. children to complete the primary Hib vaccination series, CDC recommended that providers defer the booster dose of Hib vaccine. On October 17, 2008 it was announced that restoration of Hib vaccine to the market would be delayed until mid 2009. We believe that our rates reflect a lower level of coverage due in part to this delay in Hib vaccination. Read more about vaccine shortages at: <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm#3>.

**Program**

**Website:** <http://health.nv.gov/immunization.htm>

(All statistics are as of January 2011)

# Nevada Department of Health & Human Services, Health Division

## 6.12 Office of Minority Health

**Program:** The Office of Minority Health (OMH) was established by Statutory Authority under NRS 232.467. The purpose of OMH is to improve the quality of health care services, increase access to health care services, and disseminate information regarding matters concerning health care issues of interest to minority groups. The office provides a central source of information concerning healthcare services and issues for members of minority groups. The Office researches, identifies, applies for, uses and monitors appropriate resources to support minority health services. Staff educates both minority groups and the general public through conferences, trainings, and other outreach efforts. They provide information regarding minority health care issues and help ensure that both public and private entities have access to cultural competency and diversity information. The Office of Minority Health incorporates appropriate bilingual communication as needed.

### Key Demographics:

Demographic Profile of Racial and Ethnic Populations Encountered YTD:

Ethnic Group	# Encountered	% Encountered
African Americans	284	44%
American Indians/Alaska Natives	24	4%
Asian Americans	29	4%
Hispanics/Latinos	306	47%
Native Hawaiians/Other Pacific Islanders	2	0%
Other	3	0%
Unidentified		
<b>Total</b>	<b>648</b>	

**Other:** The OMH engages in outreach activities and maintains partnerships with various key stakeholder groups including but not limited to community and faith based organizations, universities/schools, medical centers, health departments, tribal, state and federal government offices, policy makers and community residents, advisory committees and task forces, health care systems, corporations, foundations, and the media.

**Outreach History:** The OMH has engaged in a number of outreach activities

FY 08: Avg contacts: 244

FY 09: Avg contacts: 237

FY 10: Avg contacts: 216

\*Average contacts = sum of all quarters divided by the months in the fiscal year during which data were collected.

### FYTD:

#### FY 08

2008Q1=	623
2008Q2=	725
2008Q3=	1,182
2008Q4=	393

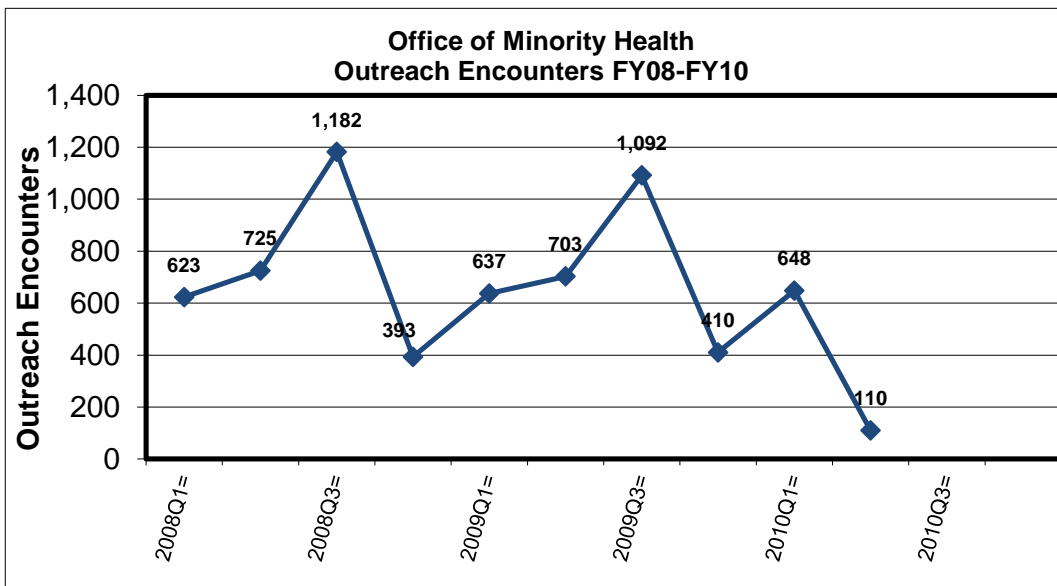
#### FY 09

2009Q1=	637
2009Q2=	703
2009Q3=	1,092
2009Q4=	410

#### FY 10

2010Q1=	648
2010Q2=	110
2010Q3=	
2010Q4=	

1st Quarter	=Oct. to Dec.
2nd Quarter	=Jan. to Mar.
3rd Quarter	=Apr. to Jun.
4th Quarter	=Jul. to Sep.



**Website Link:** <http://health.nv.gov>, click on Bureau of Child, Family and Community Wellness, then Office of Minority Health.

# Nevada Department of Health & Human Services, Health Division

## 6.13 HIV-AIDS Surveillance Program

### Program:

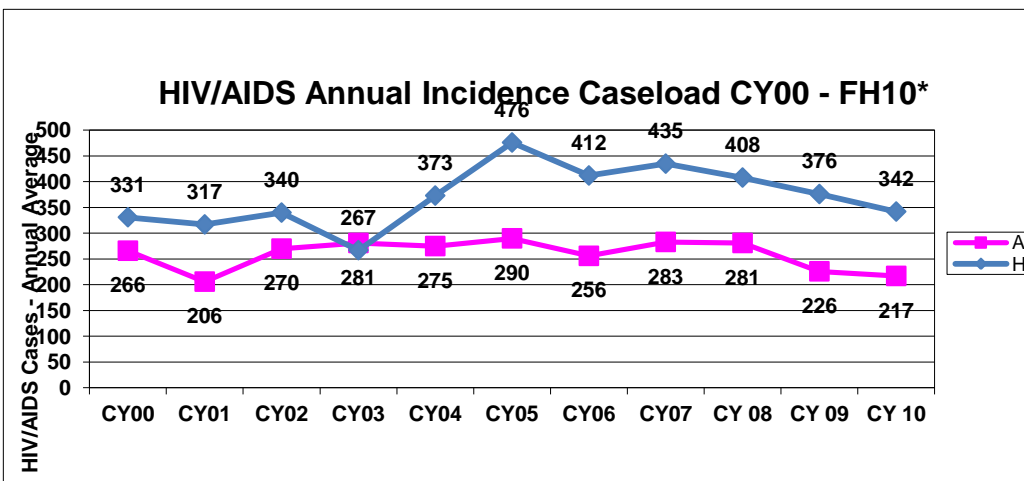
The mission of the HIV-AIDS Surveillance Program is to work with the local health authorities and the medical community to prevent and control the transmission of the Human Immunodeficiency Virus (HIV) in Nevada. Primary activities include: the surveillance of HIV/AIDS cases reported, case investigations and the development of an annual integrated HIV/AIDS epidemiological profile; the dissemination of HIV/AIDS data to HIV community planning groups and other agencies and the public to help target HIV prevention activities; and training and technical assistance to local health authorities and community-based organizations that assist in HIV/AIDS surveillance activities. The Program's functions are achieved through collaborative relationships with public and community-based organizations, local health authorities, clinical laboratories, community members, and other key stakeholders.

### Eligibility:

There are no eligibility requirements. The State HIV/AIDS Program tracks all new HIV/AIDS cases reported and persons living with HIV/AIDS including cases from other states and jurisdictions who move to Nevada. Incidence (new cases) and prevalence (old and new cases) are reported separately. Statutory authority – NRS 441A and NRS 439.

### Other:

Primary workload indicators for federal funding include the number of new HIV and AIDS cases reported annually and the number of persons living with HIV/AIDS in Nevada (prevalence data). Demographic information of HIV/AIDS cases (county, sex, race/ethnicity, age, exposure category) is reported to track disease trends and to provide information to community planning groups to better allocate local resources and to target HIV/AIDS prevention activities.



Data based on a July 2010 extract of the NSHD eHARS

\*FH2010 case counts only reflected those HIV/AIDS cases diagnosed and reported to the HIV Surveillance Program by July 22, 2010.

### Comments:

Though it is difficult to accurately identify the reasons for a decrease in reported HIV/AIDS cases for CY 2009, it is likely a result of:

1. Reporting delays (an increase in reported cases will likely occur as time progresses),
2. Intra-state deduplication of reported HIV/AIDS cases (in December 2008, Nevada moved to a new HIV/AIDS database - eHARS - which has allowed the state and local jurisdictions to immediately fix intra-state duplicate case reports), and
3. Inter-state deduplication (the CDC provides each state with potential duplicate case reports between states and each must fix that duplication, this may result in decreased cases in Nevada).
4. Source: Nevada State Health Division HIV/AIDS Reporting System (eHARS), (Dec. 2010)

New HIV Infections are counted in eHARS surveillance statistics and include HIV and AIDS cases diagnosed in Nevada, both living and deceased. The surveillance data excludes HIV/AIDS cases diagnosed in other states, but who currently live in Nevada.

**Website:** [http://health.nv.gov/FP\\_Forms](http://health.nv.gov/FP_Forms)

# Nevada Department of Health & Human Services, Health Division

## 6.14 Nevada Central Cancer Registry

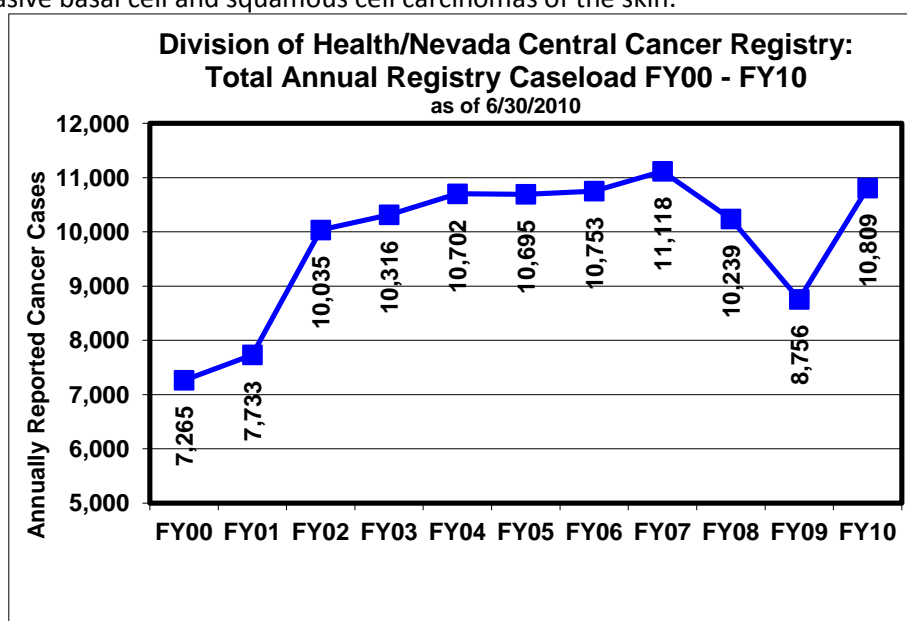
**Program:** The primary purpose of the Statewide Cancer Registry is to collect and maintain a record of reportable cases of cancer occurring in the state. The data is used to evaluate the appropriateness of measures for the prevention and control of cancer and to conduct comprehensive epidemiological surveys of cancer and cancer related deaths. Statutory Authority: NRS 457.

**Eligibility:** No eligibility required. This is a population-based Registry collecting data for all cancer cases diagnosed in Nevada.

**Other:** The figures in this report reflect actual cancer incidence data submitted annually to the Centers for Disease Control and Prevention/National Program of Cancer Registries. Cases collected and reported include all in-situ and invasive cancer, with the exception of in-situ cervix, noninvasive basal cell and squamous cell carcinomas of the skin.

### Month FYTD\*

JUL 10	1,285
Aug	977
Sep	855
Oct	594
Nov	1,122
Dec	1,072
JAN 11	
Feb	
Mar	
Apr	
May	
JUN 11	
FY11 Tot**	5,905
FY11 Avg	984



\*Does not include cases received from the Veterans Administration and the Department of Defense.

\*\*Total incidences of cancer has increased, however with a staff shortage, there has been a significant delay in abstracting cases into the database.

**Comments:** The NCCR met and exceeded all of the North American Association of Central Cancer Registries (NAACCR) standards by achieving and maintaining a minimum of 95% complete case ascertainment annually through FY 2008. The Registry received the Gold Standard certification from NAACCR for the 7th consecutive reporting year. Based on the NAACCR 2005 Call for Data submitted in FY07 receiving "Gold Standard" certification for 5 consecutive years, the NCCR 2001-2005 & 2002-2006 data sets were used for the Cancer in North America (CINA) publication that reports national cancer incidence statistics.

**Website:** <http://health.nv.gov/>

# Nevada Department of Health & Human Services, Health Division

## 6.15 Vital Records and Statistics

### Program:

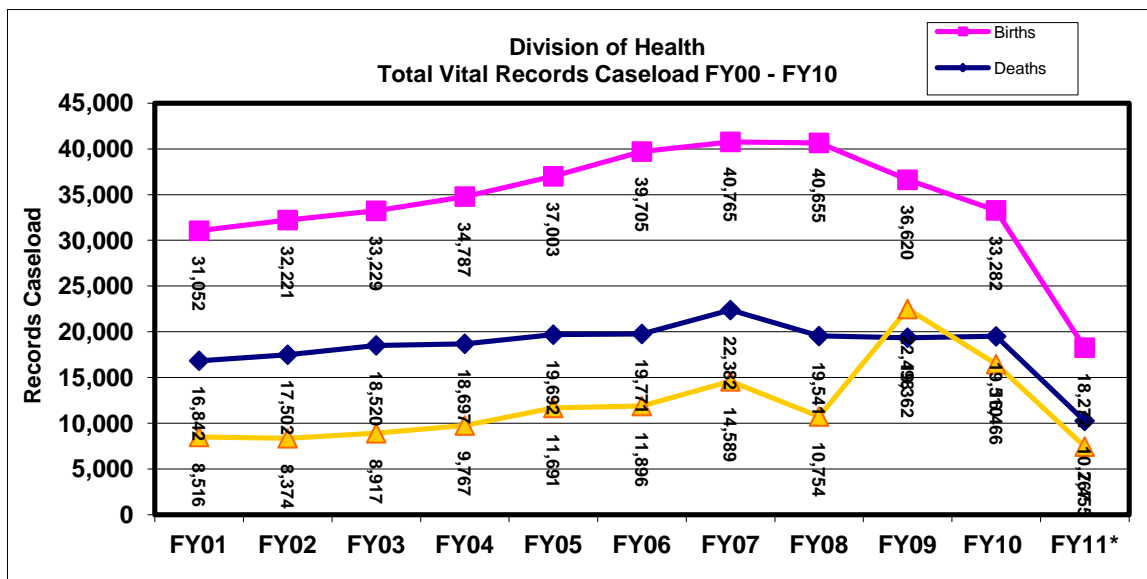
The Office of Vital Records and Statistics administers the statewide system of Vital Records by documenting and certifying the facts of births, deaths and family formation for the legal purposes of the citizens of Nevada, participates in the national vital statistics systems and responds to the needs of health programs, health care providers, businesses, researchers, educational institutions and the Nevada public for data and statistical information. The Office of Vital Records also amends registered records with required documentation such as court orders, affidavits, declarations and reports of adoptions per NRS and NAC 440. Amendments include corrections, alterations, adoptions and paternities.

### Authority:

Any person or organization that can provide personal or legal relationship or need for birth, death or statistical data is eligible for services. NRS 440

### Birth / Death / Amendment Cases by Fiscal Year

	Births	Deaths	Amendments
FY00	30,417	15,795	9,059
FY01	31,052	16,842	8,516
FY02	32,221	17,502	8,374
FY03	33,229	18,520	8,917
FY04	34,787	18,697	9,767
FY05	37,003	19,692	11,691
FY06	39,705	19,771	11,896
FY07	40,765	22,382	14,589
FY08	40,655	19,541	10,754
FY09	36,620	19,362	22,498
FY10	33,282	19,510	16,466
FY11*	18,272	10,267	7,455



### Comments:

FY09 Amendment totals increased over past years due to The Office of Vital Records backlog reduction of approximately 10,000 hospital paternities.

FY09 Births totals decreased due to a backlog of unregistered birth records during the implementation of the Electronic Birth Registry System (EBRS). The birth registration backlog is currently decreasing as the electronic system becomes more stable and fully functional.

\*FY11 Birth, Death, and Amendment totals represent records from July 1, 2010 to December 30, 2010.

Website: [www.health.nv.gov](http://www.health.nv.gov)





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# Nevada Department of Health & Human Services, MHDS

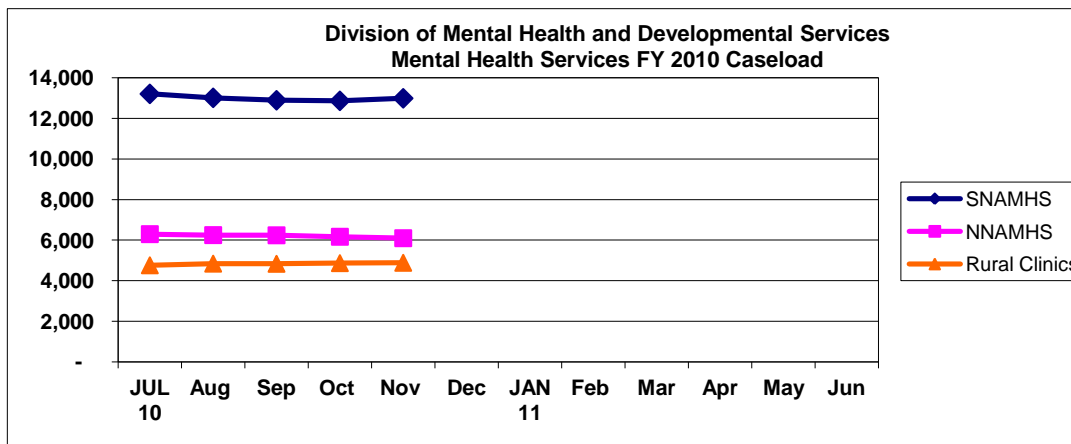
## 7.01 Mental Health Services

**Program:** Key programs at both Southern and Northern Nevada Adult Mental Health Services includes: Inpatient Services, Observation Unit, Outpatient Counseling, Service Coordination, Medication Clinic, Psychosocial Rehabilitation, Residential Programs, Psychiatric Emergency Services, Mental Health Court, Senior Outreach, Mobile Crisis, Programs for Assertive Community Treatment (PACT), Outpatient Co-Occurring Treatment and Consumer Programs. Rural Clinics Provides most of the same services, not including Inpatient or Observation services. Rural Clinics services are available in most counties throughout Nevada.

**Eligibility** Inpatient services are primarily offered to stabilize individuals who are acutely ill and are a danger to self and or others per NRS. Consumers with Severe Mental Illness (SMI) are given priority for Outpatient services by all three mental health agencies. All agencies serve primarily indigent clients. All clients are required to provide financial information to establish eligibility. Clients may be required to pay a portion of the cost of their services based upon income.

<b>FYTD</b>	<b>SNAMHS*</b>	<b>NNAMHS*</b>	<b>RURAL CLINICS</b>	<b>Total</b>	<b>Waitlist SNAMHS</b>	<b>Waitlist NNAMHS</b>	<b>Waitlist RC</b>	<b>Served + Waitlist Total</b>
JUL 10	13,207	6,296	4,762	24,265	33	607	602	25,507
Aug	13,012	6,249	4,843	24,104	35	666	564	25,369
Sep	12,891	6,240	4,836	23,967	37	607	575	25,186
Oct	12,864	6,167	4,868	23,899	36	607	508	25,050
Nov	12,988	6,097	4,886	23,971	41	542	230	25,114
Dec								
JAN 11								
Feb								
Mar								
Apr								
May								
Jun								
<b>FY11 Tot</b>	<b>64,962</b>	<b>31,049</b>	<b>24,195</b>	<b>120,206</b>	<b>182</b>	<b>3,029</b>	<b>2,809</b>	<b>126,226</b>
<b>FY11 Avg</b>	<b>12,992</b>	<b>6,210</b>	<b>4,839</b>	<b>24,041</b>	<b>36</b>	<b>606</b>	<b>562</b>	<b>25,245</b>

\*SNAMHS = Southern Nevada Adult Mental Health; NNAMHS = Northern Nevada Adult Mental Health  
Cumulative count of major outpatient services (PSR,MC, SC+ISC, Res, OC) resulting in duplicated counts.  
Data collection has changed effective July 1, 2007 and July 1, 2008 - EOM w/ 150 day filter.



### Comments:

Despite the reduction in resources, the number of people receiving services has been maintained by reorganizing some processes to increase efficiency.

**Website:** [http://mhds.nv.gov/index.php?option=com\\_content&task=view&id=23&Itemid=53](http://mhds.nv.gov/index.php?option=com_content&task=view&id=23&Itemid=53)

# Nevada Department of Health & Human Services, MHDS

## 7.02 Developmental Services

**Program:** Developmental Services provides a full array of community based services for people with developmental disabilities and related conditions and their families in Nevada. The goal of coordinated services is to assist persons in achieving maximum independence and self direction. Service coordinators assist individuals and families in developing a person centered life plan focused on individual needs and preferences for the future. They also assist people in selecting and obtaining services and funding to achieve personal goals, community integration and independence.

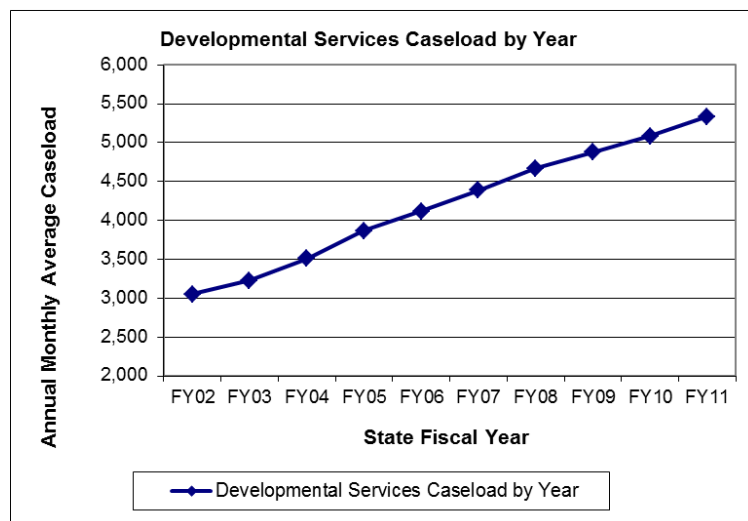
**Eligibility:** All individuals who meet Developmental Services eligibility requirements of mental retardation diagnosis or related conditions and three of six major life skill limitations who apply for services receive basic service coordination. Developmental Services agencies provide many services to Medicaid eligible clients. Provider based services are given under a Medicaid waiver depending on the level of care the individual needs. Direct services are provided under the Medicaid State Plan.

### Workload History:

State Fiscal Year	Total Expenditures	Average Caseload
FY06	\$99,003,069	4,119
FY07	\$111,936,698	4,387
FY08	\$120,410,222	4,672
FY09	\$137,538,088	4,876
FY10	\$126,770,101	5,085
FY11		5,334

### Caseload FYTD:

Month	Caseload
Jul-10	5,242
Aug-10	5,282
Sep-10	5,295
Oct-10	5,318
Nov-10	5,326
Dec-10	5,351
Jan-11	5,376
Feb-11	5,388
Mar-11	5,426
Apr-11	
May-11	
Jun-11	
<b>FY11 Total</b>	<b>48,004</b>
<b>FY11 Average</b>	<b>5,334</b>



**Comments:** While the rate of Developmental Services growth has slowed due to the slowing economy, DRC (southern Nevada) and SRC (northern Nevada) continue to grow at a rate of 2 to 3 times the State Demographer's estimated population growth. RRC (rural Nevada) growth has slowed significantly.

# Nevada Department of Health & Human Services, MHDS

## 7.03 Lake's Crossing Center (LCC)

**Program:** Lake's Crossing Center (LCC) is the only forensic mental health facility serving clients in the state of Nevada. The program provides treatment for severe mental illness and other disabling conditions that interfere with a person's ability to proceed with their adjudication or return to the community after having been found not guilty by reason of insanity/incompetent without probability of attaining competence. The program provides a broad spectrum of treatment interventions.

**Eligibility:** Clients are admitted to the inpatient program primarily by court order after a pre-commitment examiner has found them incompetent to stand trial and recommended treatment to competency. Clients may be charged with any crime from a misdemeanor to class A felony, but generally only violent offenders or those who cannot be treated outpatient are ordered to the program. The program also treats clients who are acquitted NGRI or serious offenders whose charges have been dropped because they are incompetent. Occasionally a client without charges is administratively transferred to this program because they cannot be treated elsewhere.

**Other** Clients may only be discharged from the program by court order or, in the case of administratively transferred clients, the Administrator of the Division of Mental Health. LCC completes a significant amount of outpatient evaluations each year in addition to its inpatient treatment and evaluation commitments. There are also an increasing number of clients ordered for outpatient treatment to competency from Washoe County.

### FYTD

JUL 10	63
Aug	55
Sep	61
Oct	60
Nov	
DEC	
JAN 11	
Feb	
Mar	
Apr	
May	
JUN	
FY11 Tot	239
FY11 Avg	60

### Annual Caseload

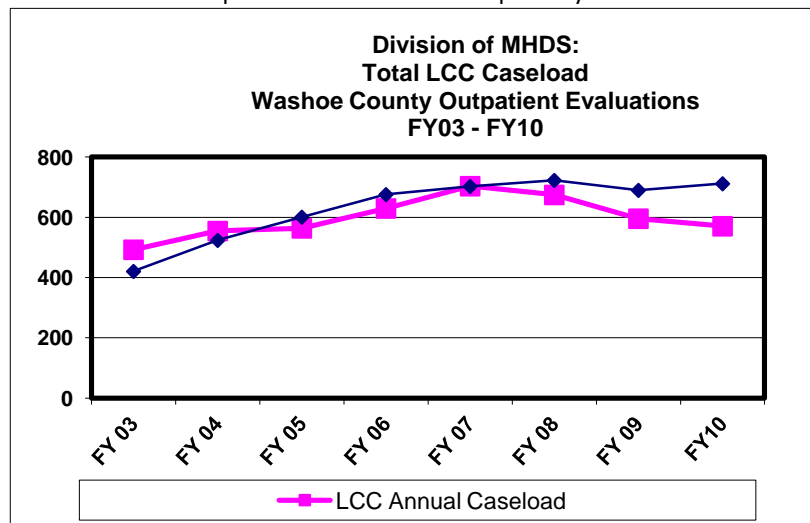
FY 03	493
FY 04	555
FY 05	564
FY 06	630
FY 07	704
FY 08	675
FY 09	596
FY10	571

\*Annual caseload count is cumulative\*

### Comments:

While Lake's Crossing has experienced a decline in the number defined here as "caseload" they have in fact had a significant increase in individuals served. In FY08 the total number of individuals sent to LCC was 144, in FY09 this was up to 214, or a 49% increase. The decline in the caseload number is primarily related to LCC reducing the average length of time individuals remain in the facility. In FY05 the average length of stay hovered about 140, in FY09 that had been reduced to 86 days, a 39% decline. In FY10, Lake's Crossing served received 202 people on commitments, and the average length of stay was reduced to 76 days. The number of outpatient evaluations is impacted by an interlocal agreement with Washoe County. This number had been exceeded in the past creating budget difficulties for the County. LCC worked with Washoe County during FY 10 to keep the number within the budget, 712 evaluations were completed for Washoe County. This agreement continues in FY 11 at a flat rate of 747 available evaluations. LCC also completed approximately 55 evaluations for rural counties in FY10.

**Website:** [http://mhds.nv.gov/index.php?option=com\\_content&task=view&id=76&Itemid=50](http://mhds.nv.gov/index.php?option=com_content&task=view&id=76&Itemid=50)



### Outpatient Evaluations

FY03	421
FY04	524
FY05	601
FY06	676
FY07	703
FY08	723
FY09	690
FY10	712

# Nevada Department of Health & Human Services, MHDS

## 7.04 Substance Abuse Prevention and Treatment Agency (SAPTA)

The Substance Abuse Prevention and Treatment Agency (SAPTA) provides funding via a competitive process to non-profit and governmental organizations throughout Nevada. It does not provide direct substance abuse prevention or treatment services. The Agency plans and coordinates statewide substance abuse service delivery and provides technical assistance to programs and other state agencies to ensure that resources are used in a manner which best serves the citizens of Nevada.

### Program:

### Eligibility:

All funded programs must not discriminate based on ability to pay, race/ethnicity, gender or disability. Additionally, programs are required to provide services utilizing a sliding fee scale that must meet minimum standards.

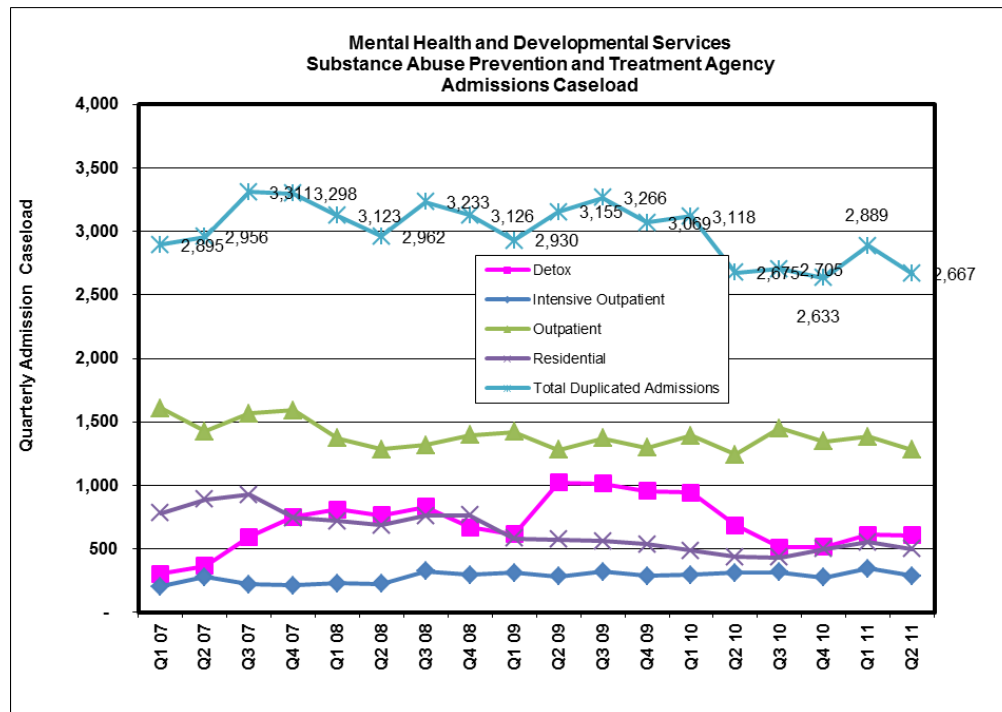
### Other:

SAPTA is the designated Single State Agency for the purpose of applying for and expending the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) issued through the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Treatment History:

	FY 07	FY 08	FY 09	FY 10	YTD Q2 FY 11
Admissions*:	12,618	12,444	13,378	11,131	5,556
Total Expenditures:	\$14,940,114	\$15,860,000	\$17,410,000	\$16,222,000	\$6,815,000

The expenditures include payments to providers for the following services: Treatment (adult and adolescent), HIV, TB, Women's set-aside, Co-occurring, and Liquor Tax.



### Comments:

Detoxification admissions peaked in SFY 2009 due primarily to a service provider who reported triage numbers appear to have declined significantly, despite efforts to clean the data.

### Website:

[http://mhds.nv.gov/index.php?option=com\\_content&task=view&id=108&Itemid=95](http://mhds.nv.gov/index.php?option=com_content&task=view&id=108&Itemid=95)

# Nevada Department of Health & Human Services, Public Defender

## 8.01 Public Defender

**Program:** Representation of indigent persons charged with a criminal offense in a participating county.

**Eligibility:** The court determines eligibility considering income, expenses, personal property, and outstanding debt. The potential client must be at risk of receiving a sentence of confinement. If the defendant does not have the liquid assets to retain private counsel for the specific type of case, the court will consider appointing the public defender. The defendant may be required to reimburse the county for the services of the public defender.

### Workload History:

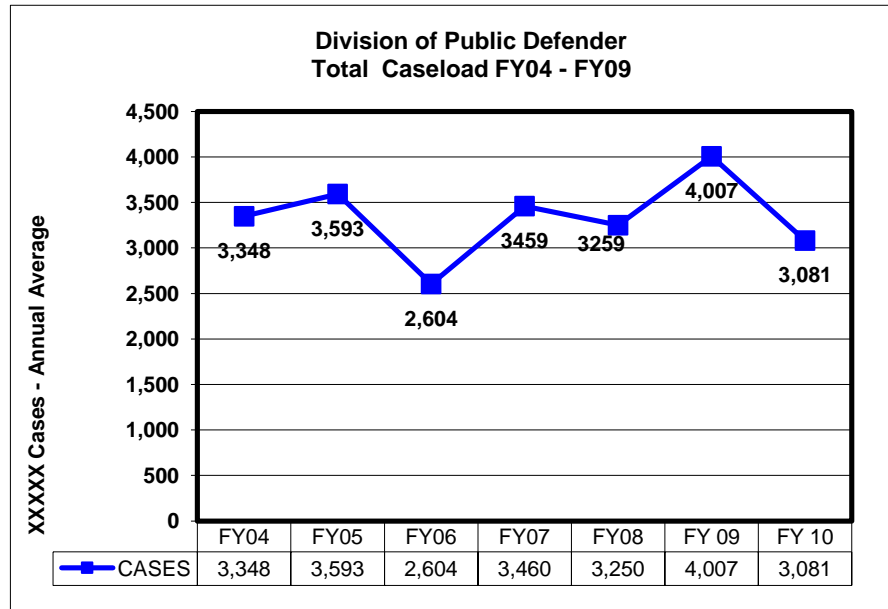
FY 07 Cases:	3,459
FY 08 Cases:	3,259
FY 09 Cases:	4,007
FY 10 Cases:	3,081
FY 11 Cases (July-Dec)	1,236

### Fiscal Year 10

Carson City	2,359
Eureka	53
Lincoln	125
Storey	94
White Pine	366
State/Appellate	84
<b>Total FY 10</b>	<b>3,081</b>

### Fiscal Year 11 (July-Dec)

Carson City	1,285
Eureka	14
Lincoln	48
Storey	46
White Pine	134
State/Appellate	44
<b>Total FY 11</b>	<b>1,571</b>



### Comments:

The trend shows a decrease in arrests and prosecutions in the 5 rural counties serviced by the State Public Defender. This may be due to staffing changes in various prosecutors' offices and/or the changes in the economy. However, the same changes have required that the staff spend an increased number of hours on pending cases.

**Website:** <http://dhhs.nv.gov/PublicDefender.htm>

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

NOTE: The data in this document comes from many sources. For the sake of consistency, a uniform ordinal ranking system has been adopted, with 1 indicating the best ranking and 50 indicating the worst. Where relevant, the final column of each table contains an icon to indicate how the ranking has changed from the previous year: improvement (▲), worsening (▼), or no change (=).

## Population/Demographics

- Nevada's July 1, 2010 estimated **population** is 2,654,751. (*Preliminary 2010 Census Bureau Estimates*)
  - By Gender: Males 51%, Females 49%. (*Preliminary 2010 Census Bureau Estimates*)
  - By County: Clark 72%, Washoe 15%, Carson City 2%, and Balance-of-State 11%. (*Nevada State Demographer, 2009 Estimates by County*)
- Population growth** - Nevada is currently the 30<sup>th</sup> fastest growing state. It had been among the top four fastest growing states for each year from 1984-2007. (*Preliminary 2010 Census Bureau Estimates*)
- Age distribution** - Nevada's population is slightly younger than the U.S. average. (*U.S. Census, 2009 Annual Population Estimates*)

Population by Age	Under 5 years	5 to 19 years	20 to 64 years	65-74 years	75-84 years	85 years & over
Nevada	8%	20%	60%	7%	4%	1%
United States	7%	20%	60%	7%	4%	2%

- Growth in **school enrollments** has slowed statewide. (*Nevada Department of Education*)

Enrollment by School District	2006-07 School Year		2007-08 School Year		2008-09 School Year		2009-10 School Year		2010-11 School Year	
	# of students	% change	# of students	% change	# of students	% change	# of students	% change	# of students	% change
Carson City	8,423	-2%	8,255	-2%	8,010	-3%	7,834	-2%	7,791	-1%
Churchill	4,463	-2%	4,409	-1%	4,352	-1%	4,206	-3%	4,169	-1%
Clark	306,167	4%	312,546	2%	311,240	0%	313,558	1%	314,023	0%
Douglas	6,908	-3%	6,818	-1%	6,548	-4%	6,517	0%	6,342	-3%
Elko	9,907	1%	9,811	-1%	9,669	-1%	9,474	-2%	9,556	1%
Esmeralda	68	-21%	77	13%	68	-12%	69	1%	66	-4%
Eureka	235	5%	236	0%	242	3%	260	7%	239	-8%
Humboldt	3,399	-2%	3,394	0%	3,336	-2%	3,406	2%	3,379	-1%
Lander	1,258	-2%	1,273	1%	1,193	-6%	1,140	-4%	1,118	-2%
Lincoln	982	-1%	953	-3%	991	4%	1,005	1%	972	-3%
Lyon	9,175	5%	9,275	1%	8,937	-4%	8,768	-2%	8,500	-3%
Mineral	667	-5%	624	-6%	574	-8%	571	-1%	517	-9%
Nye	6,536	5%	6,532	0%	6,348	-3%	6,167	-3%	5,932	-4%
Pershing	797	-1%	722	-9%	714	-1%	719	1%	679	-6%
Storey	454	1%	428	-6%	435	2%	447	3%	426	-5%
Washoe	65,013	1%	65,677	1%	63,310	-4%	64,844	2%	64,755	0%
White Pine	1,420	-6%	1,443	2%	1,432	-1%	1,442	1%	1,425	-1%
State Sponsored	564	-6%	1,412	150%	9,799	594%	6,017	-39%	7,555	27%
Total	426,436	3%	433,885	2%	437,198	1%	436,444	0%	437,444	0%

- Nevada's **racial mix** differs from the U.S. average. (*U.S. Census, 2009 Annual Population Estimates*)

Population by Race	White, not Hispanic Origin	Hispanic or Latino	African American	Asian or Pacific Islander	Native American	Other/Mixed
Nevada	56%	26%	7%	7%	1%	2%
United States	65%	16%	12%	5%	1%	1%

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- Nevada's **minority population** as a share of total population exceeds the U.S. average. (*U.S. Census, 2009 Annual Population Estimates*)

Minority Population		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nevada	%	34%	35%	36%	37%	39%	40%	41%	42%	43%	44%
United States	%	31%	31%	32%	32%	33%	33%	34%	34%	34%	35%

## Economy

- In 2009, Nevada's **personal income per capita** was \$37,691 (rank=27). The per capita income for the U.S. as a whole was \$39,626. (*U.S. Census Bureau, Statistical Abstract of the United States*)
- The Kaiser Family Foundation measures **state economic distress** by taking into account the number of foreclosures, the change in the unemployment rate, and the change in the number of people receiving food stamps. Nevada's September 2010 ranking was the highest, indicating most distressed. (*Kaiser Family Foundation, State Health Facts*)
- In February 2011, Nevada's **foreclosure rate** was the highest of all states, with 1 of every 119 homes currently under foreclosure. Arizona was second highest with 1 of every 178 homes in foreclosure. The U.S. average was 1 of every 577 homes. (*RealtyTrac*)
- Nevada's current **unemployment rate** is the highest in the nation. (*U.S. Bureau of Labor Statistics*)

Unemployment Rate		Sep-11	Oct_10	Nov-11	Dec-11	Jan-11	Feb-11	6 Month Average
Nevada	%	13.9%	13.3%	13.6%	13.8%	14.2%	13.6%	13.7%
	Rank	50	50	50	50	50	50	50
United States	%	9.6%	9.7%	9.8%	9.4%	9.0%	8.9%	9.4%

- Nevada's 2010 **average unemployment rate** was above the national rate. (*U.S. Bureau of Labor Statistics*)

Average Unemployment Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	5.3%	5.7%	5.2%	4.4%	4.5%	4.3%	4.7%	6.7%	11.7%	14.0%	
	Rank	42	30	16	12	18	23	35	45	48	50	▼
United States	%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%	

## Poverty

- The 2011 Health and Human Services **poverty guideline** for one person at 100% of poverty is \$10,890 per year, and \$22,350 for a family of four. (*Federal Register, Vol. 76, No. 13, January 20, 2011*)
  - The annual average Consumer Price Index (CPI-U) is used to update these poverty guidelines each year. The CPI-U for 2009 reflected a decrease in prices from the prior year, the only time that this has happened since the poverty guidelines were first issued in 1965. In order to prevent a reduction in eligibility for means tested programs, the 2009 Poverty Guidelines were extended until May 31, 2010. (*Federal Register, Vol. 75, No. 14, January 2010*)
  - When the guidelines were recalculated using data through May 2010, the change in the CPI-U was so small that, after applying rounding, the guidelines for the remainder of 2010 were unchanged from the 2009 guidelines already in place. (*Federal Register, Vol. 75, No. 148, August 3, 2010*)
  - Inflation accelerated toward the end of 2010 with the CPI-U showing prices up 1.6% year-over-year from 2009. With price growth skewed toward the end of 2010, 2011 is emerging as an inflationary year.
- The share of Nevada's total **population living in poverty** (below 100%) is below the average for the U.S. (*U.S. Census, American Community Survey*)



# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Total Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	10%	10%	12%	11%	13%	11%	10%	11%	11%	12%	
	Rank	16	11	26	27	29	16	10	14	15	20	▼
United States	%	12%	12%	12%	13%	13%	13%	13%	13%	13%	15%	

- The share of Nevada's **children living in poverty** (below 100%) is below the national average. (*U.S. Census, American Community Survey*)

Under Age 18 in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	13%	15%	17%	15%	19%	15%	14%	15%	15%	15%	
	Rank	15	25	31	23	30	18	14	17	15	19	▼
United States	%	17%	17%	18%	18%	18%	19%	18%	18%	18%	19%	

- The share of Nevada's **female-headed households** with children, no husband, living in poverty (below 100%) is slightly below the national average. (*U.S. Census, American Community Survey*)

Female-Headed Households with Children Under 18, No Husband, in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	25%	29%	31%	27%	45%	32%	35%	34%	35%	44%	
	Rank	3	7	11	4	28	2	7	7	7	14	▼
United States	%	35%	35%	36%	36%	44%	44%	44%	44%	43%	46%	

- The share of **older Nevadans in poverty** (below 100%) is lower than the average for the U.S. (*U.S. Census, American Community Survey*)

Age 65+ in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	7%	9%	10%	8%	6%	9%	7%	8%	8%	7%	
	Rank	9	17	30	15	4	23	6	7	10	9	▼
United States	%	10%	10%	10%	10%	9%	10%	10%	10%	10%	10%	

- Poverty and gender** - A higher percentage of older women are impoverished than older men. (*U.S. Census, American Community Survey*)

Age 65+ in Poverty (100%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	Females %	10%	11%	11%	9%	8%	10%	8%	9%	8%	9%	▲
	Males %	5%	6%	8%	7%	5%	7%	6%	6%	7%	6%	▼
United States	Females %	12%	13%	12%	12%	11%	12%	12%	12%	12%	12%	
	Males %	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	

- The definition of a **working poor family** is one with:
  - One or more children,
  - At least one member working or actively seeking work, and
  - Having a family income of 200 percent of poverty or less.

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The percentage of Nevada's families that are **working poor families** with children is slightly higher than the national average. (*Kids Count*)

Working Poor Families with		2000	2001	2002	2003	2004	2005	2006	2007	2008*	2009	
Nevada	%	22%	19%	20%	22%	20%	21%	18%	17%	20%	21%	
	Rank	38	22	31	36	26	33	24	17	23	32	▼
United States	%	19%	19%	18%	19%	19%	19%	18%	18%	20%	20%	

\* There was a change in data collection methodology significant enough to constitute a break in the trend. Comparison to previous years' estimates may be misleading.

## Children

- In 2009, Nevada had approximately 681,000 **children** and 297,000 **households with children**. (*U.S. Census, American Community Survey*)
- The share of Nevada's **population that is under age 18** has been consistent between 2000 and 2009. (*U.S. Census, American Community Survey*)

Population Under Age 18		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	26%	26%	26%	26%	26%	25%	25%	26%	26%	26%	
	Rank	28	11	11	14	12	13	13	10	10	7	▲
United States	%	26%	26%	26%	25%	25%	25%	25%	25%	25%	24%	

- Nevada's share of children in families where **no parent has full-time, year-round employment** is higher than the national average. (*Kids Count*)

Children in families where no parent has full-time, year-round employment		2000	2001	2002	2003	2004	2005	2006	2007	2008*	2009	
Nevada	%	30%	29%	34%	30%	36%	31%	30%	32%	26%	34%	
	Rank	19	18	30	17	36	16	14	20	17	42	▼
United States	%	32%	31%	33%	33%	33%	34%	33%	33%	27%	31%	

\* There was a change in data collection methodology significant enough to constitute a break in the trend.

We therefore do not recommend that you make comparisons to previous years' estimates.

- Nevada's share of **children in families that are low-income** (income less than 200% of the federal poverty level) is at the U.S. average. (*Kids Count*)

Children in Poverty (200%)		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	39%	40%	42%	38%	45%	39%	38%	37%	39%	42%	
	Rank	27	32	33	28	36	28	23	22	26	26	=
United States	%	39%	39%	39%	39%	40%	40%	40%	39%	40%	42%	

- Nevada's percent of children who live in **single parent families** slightly exceeds the national average. (*Kids Count*)

Children in Single Parent Families		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	33%	28%	31%	32%	31%	32%	34%	33%	33%	35%	
	Rank	36	20	33	33	29	31	36	31	29	34	▼
United States	%	31%	31%	31%	31%	31%	32%	32%	32%	32%	34%	

- In 2009, approximately 5% of Nevadans ages 5 to 17 had some **disability**, which is equal to the nationwide average. (*U.S. Census, American Community Survey*)

## Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The prevalence of different **types of disability** among Nevada's children differs from the national average. (*U.S. Census, American Community Survey*)

Population Aged 5 to 17, by Type of Disability		Sensory	Physical	Mental	Self-Care
Nevada	# per 1,000	14	6	32	8
	Rank	25	23	7	13
United States	# per 1,000	14	7	39	9

### Child Welfare

- Fewer of Nevada's children suffer from **maltreatment** than average across the U.S. (*US DHHS, Administration for Children & Families*)

Total Child Maltreatment Victims		2006	2007	2008	2009	
Nevada	Total	5,345	5,417	4,877	4,708	
	Rank	18 of 49	17 of 49	16	15	▲
	# Per 1,000	8.3	8.1	7.2	6.9	
United States	# Per 1,000	11.3	10.3	10.1	10	

- The length of stay for children in **foster care** in Nevada is shorter than the national average. (*US DHHS, Administration for Children & Families*)

Foster Care Length of Stay in Months		2006	2007	2008	2009	
Nevada	Number	4,612	5,008	5,048	4,982	
	Rank	20	13	18	24	▼
	Months	12.9	12.5	13.3	14.8	
United States	Months	15.3	15.3	15.3	15.4	

- **Adoption** - In 2009 in Nevada, 525 children were adopted through public welfare agencies. 2,095 awaited adoption on September 30th. The ratio of adoptions to waiting children was worse for Nevada than the national average. (*US DHHS, Administration for Children & Families*)

Agency Adoptions		FFY 2002	FFY 2003	FFY 2004	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	
Nevada	# Adoptions	322	298	287	380	446	466	470	525	
	# Waiting	535	1,309	1,573	1,701	1,786	1,936	2,200	2,095	
	Ratio	60%	23%	18%	22%	25%	24%	21%	25%	▲
	Rank	5	46	50	49	46	49	50	50	
United States	Ratio	39%	38%	39%	40%	38%	40%	44%	51%	

- Of all children discharged from foster care to a finalized adoption during the year, the **median length of stay** in care (in months) from the date of latest removal from the home to the date of discharge to adoption is 6 months longer for Nevada children than the national average. (*US DHHS, Administration for Children & Families*)

Average Number of Months Until Adoption		2006	2007	2008	2009	
Nevada	Rank	39	39	46	46	=
	Months	34	34	37	36	
United States	Months	31	31	31	30	

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

## Seniors

- Nevada's share of **population aged 65+** is smaller than the national average. (*U.S. Census, American Community Survey*)

Population Age 65+		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	11%	11%	11%	11%	11%	11%	11%	11%	11%	12%	
	Rank	43	40	43	40	43	40	44	44	44	44	=
United States	%	12%	12%	12%	12%	12%	12%	12%	12%	12%	13%	

- Percent of people 65 years and over **below poverty level** in the past 12 months in Nevada is slightly lower than the average for the 50 U.S. States (*U.S. Census, American Community Survey, Ranking Tables*)

Age 65+ in Poverty		2005	2006	2007	2008	2009	
Nevada	%	9%	7%	7%	9%	8%	
	Rank	23	6	6	21	9	▲
United States	%	10%	10%	9%	10%	9%	

- In 2009, approximately 34% of Nevadans aged 65+ have some **disability**, compared to 37% nationwide. (*U.S. Census, American Community Survey*)
  - The prevalence of different types of disability among Nevada's seniors differs from the national average. (*U.S. Census, American Community Survey*)

Population Age 65+, by Type of Disability		Sensory	Physical	Mental	Self-Care	Go-Outside-Home
Nevada	# per 1,000	207	227	79	78	145
	Rank	11	20	12	21	13
United States	# per 1,000	225	243	95	88	164

- The **nursing facility residency rate** for elderly Nevadans is lower than the national average. (*Centers for Disease Control & Prevention, National Center for Health Statistics, 2008 Health--U.S.*)

Nursing Facility Residents		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	Residents	4,036	4,182	4,308	4,294	4,399	4,664	4,724	4,724	4,699	
	Residents per 1,000 population aged 85+	213	204	195	179	171	168	158	146	145	
	Rank	5	5	6	5	5	6	6	6	6	=
United States	Residents per 1,000 population aged 85+	330	318	308	297	282	271	259	251	249	

## Disability

- In 2009, a smaller percent of Nevada's non-institutionalized population in each age group was **disabled** than the U.S. average. (*U.S. Census, American Community Survey*)

Disabled Population by Age		5 to 17 years	18 to 34 years	35 to 64 years	65 years & over
Nevada	%	5%	4%	11%	34%
	Rank	12	3	14	7
United States	%	5%	6%	14%	38%

- The number of **disabled per 1,000 population** is significantly lower in Nevada than the U.S. (*U.S. Census, American Community Survey*)

Disabled Population		2008	2009	
Nevada	# per 1,000	100	101	
	Rank	5	8	▼
United States	# per 1,000	121	120	

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- Nevada's **spending on developmental services** in 2006 fell below the national average. (*State of the States in Developmental Disabilities, 2008*)

Developmental Services Spending per \$1,000 of Personal Income	Community Services	Institutional Settings	Total
Nevada	\$1.13	\$0.21	\$1.34
United States	\$3.35	\$0.78	\$4.12

- For 2006, **family support spending per participant** in Nevada was \$2,693. The national average was \$5,387. (*State of the States in Developmental Disabilities, 2008*)

## Health

- Nevada's **overall ranking** from the Annie E. Casey Foundation's 10 infant, children and teen indicators increased to 36<sup>th</sup> in 2010. (*Kids Count*)

Kids Count Overall Rank	2001	2002	2004	2005	2006	2007	2008	2009	2010	
Nevada	Rank	39	31	34	32	36	33	36	39	36 ▲

- The percentage of Nevada's babies that are **low birth weight** (less than 5.5 lbs.) is approximately the same as the U.S. average. (*Kids Count*)

Low Birth Weight Babies	2000	2001	2002	2003	2004	2005	2006	2007	
Nevada	%	7%	8%	8%	8%	8%	8%	8%	8%
	Rank	20	22	19	26	22	27	25	25 =
United States	%	8%	8%	8%	8%	8%	8%	8%	8%

- Nevada's **infant mortality rate** (deaths of children under 1 year of age per 1,000 live births) is lower than the national average. (*United Health Foundation, America's Health Rankings*)

Infant Mortality	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	7	7	6	6	6	6	6	6	6	
	Rank	18	18	13	17	17	17	17	16	19	▼
United States	# per 1,000	7	7	7	7	7	7	7	7	7	

- Nevada's **child death rate** (deaths of children aged 1 to 14 years, from all causes, per 100,000 children in this age range) has fallen in 2006 but is still higher than the national average. (*Kids Count*)

Child Deaths	2000	2001	2002	2003	2004	2005	2006	2007	
Nevada	# per 100,000	23	22	19	19	21	24	21	22
	Rank	27	21	10	11	20	34	26	39 ▼
United States	# per 100,000	22	22	21	21	20	20	19	19

- Nevada's **teen birth rate** (births per 1,000 females aged 15-19) is 33% higher than the U.S. average. (*United Health Foundation, America's Health Rankings*)

Teen Birth Rate	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	66	64	63	56	54	53	51	50	56	55
	Rank	45	44	45	39	40	41	39	41	44	42 ▲
United States	# per 1,000	51	50	48	45	43	42	41	41	42	42

- A slightly higher percentage of adult Nevadans report that their **current health** is "poor" or "fair" than average in the U.S. (*United Health Foundation, America's Health Rankings*)

Poor Health Status	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	16%	14%	17%	18%	18%	17%	19%	17%	19%	16%
	Rank	38	22	39	40	40	35	42	36	42	34 ▲
United States	%	14%	14%	15%	15%	15%	15%	15%	14%	15%	15%

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- When a person indicates that their **activities are limited due to physical health difficulties**, this is considered to be a “poor physical health day”. In 2010, Nevadans reported suffering from the same number of poor physical health days in the previous 30 days as the national average. *(United Health Foundation, America’s Health Rankings)*

Poor Physical Health Days		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# of Days	3.6	3.5	3.5	3.4	3.5	3.7	3.7	3.7	3.5	3.6	
	Rank	43	33	38	22	25	35	38	36	28	30	▼
United States		3.3	3.5	3.5	3.6	3.6	3.6	3.6	3.6	3.6	3.6	

- The percent of adults that report consuming at least five **servings of fruits and vegetables** each day is slightly higher for Nevada than the national average. *(United Health Foundation, America’s Health Rankings)*

Daily Vegetables & Fruit		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	21%	21%	22%	20%	20%	23%	23%	22%	22%	24%	
	Rank	38	37	28	37	37	30	30	32	32	32	=
United States		23%	24%	23%	23%	23%	23%	23%	24%	24%	23%	

- The percent of adults that report participating in **physical activities** during the previous month is the same for Nevada as the national average in 2010. *(United Health Foundation, America’s Health Rankings)*

Physical Activity		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	75%	77%	75%	75%	76%	73%	73%	76%	72%	76%	
	Rank	19	15	30	32	31	36	42	35	38	30	▲
United States		73%	75%	76%	77%	78%	76%	77%	77%	75%	76%	

- A higher percentage of adult Nevadans **smoke** than is average for the U.S. as a whole. *(CDC, Behavioral Risk Factor Surveillance System)*

Smoking		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	29%	27%	26%	25%	23%	23%	22%	22%	22%	22%	
	Rank	48	45	38	28	28	39	36	35	42	41	▲
United States		23%	23%	23%	22%	21%	21%	20%	20%	19%	18%	

- The percentage of Nevadans over age 18 that **drank excessively** (5+ drinks in one setting for males, 4+ for females) in the previous 30 days is higher than the national average. *(United Health Foundation, America’s Health Rankings)*

Binge Drinking		2007	2008	2009	2010	
Nevada	%	17%	16%	18%	18%	
	Rank	NA	32	41	42	▼
United States		15%	16%	16%	16%	

- Nevada’s **obese** population (Body Mass Index of 30 or higher) is just under the national average. *(CDC, Behavioral Risk Factor Surveillance System)*

Obesity		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	18%	20%	22%	21%	21%	21%	25%	25%	26%	26%	
	Rank	10	14	23	18	11	8	24	13	19	21	▼
United States		20%	21%	22%	23%	23%	24%	25%	26%	27%	27%	

- Infectious disease cases** per 100,000 population are lower for Nevada than average for the U.S. *(United Health Foundation, America’s Health Rankings)*

Infectious Disease Cases		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	30	26	23	23	20	20	17	17	18	17	
	Rank	34	32	34	34	32	33	33	33	34	35	▼
United States		31	30	27	26	23	23	20	20	20	18	

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The percent of adult Nevadans who report being told by a doctor that they have **diabetes** is currently equal to the national average. *(United Health Foundation, America's Health Rankings)*

Diabetes		2005	2006	2007	2008	2009	2010	
Nevada	%	6%	7%	8%	8%	9%	8%	
	Rank	15	21	26	25	30	16	▲
United States	%	7%	7%	8%	8%	8%	8%	

- The percent of adult Nevadans who report being told by a health professional that they have **high blood pressure** is below the national average. *(United Health Foundation, America's Health Rankings)*

Hypertension		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	29%	26%	26%	24%	24%	24%	24%	27%	27%	28%	
	Rank	47	26	26	16	16	15	15	24	24	17	▲
United States	%	24%	26%	26%	25%	25%	26%	26%	28%	28%	29%	

- The percent of adult Nevadans who report being told by a health professional that they have **high cholesterol** is above the national average. *(United Health Foundation, America's Health Rankings)*

High Cholesterol		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	35%	37%	37%	37%	37%	39%	39%	37%	37%	39%	
	Rank	49	49	49	48	48	48	48	19	19	30	▼
United States	%	30%	30%	30%	33%	33%	36%	36%	38%	38%	38%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **stroke** is equal to the national average. *(United Health Foundation, America's Health Rankings)*

Stroke		2006	2007	2008	2009	2010	
Nevada	%	3%	3%	2%	2%	2%	
	Rank	35	30	17	7	23	▼
United States	%	3%	3%	3%	3%	2%	

- The percent of adult Nevadans who report being told by a health professional that they have **angina or coronary heart disease** is near the national average. *(United Health Foundation, America's Health Rankings)*

Heart Disease		2006	2007	2008	2009	2010	
Nevada	%	4%	5%	4%	4%	4%	
	Rank	17	38	28	22	25	▼
United States	%	4%	5%	4%	4%	4%	

- The percent of adult Nevadans who report being told by a health professional that they have had a **heart attack** (myocardial infarction) is above the national average. *(United Health Foundation, America's Health Rankings)*

Heart Attack		2006	2007	2008	2009	2010	
Nevada	%	5%	5%	4%	4%	5%	
	Rank	39	37	25	31	42	▼
United States	%	4%	4%	4%	4%	4%	

- The number of **cardiovascular death** per 100,000 population has been declining in Nevada. *(United Health Foundation, America's Health Rankings)*

Cardiovascular Deaths		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	355	349	340	335	329	328	323	320	313	299	
	Rank	32	31	31	31	30	33	35	38	39	37	▲
United States	# per 100,000	348	344	340	333	327	319	309	298	288	299	



# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The number of **cancer deaths** per 100,000 population is slightly higher in Nevada than the average for the U.S. (*United Health Foundation, America's Health Rankings*)

Cancer Deaths		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	208	207	210	209	208	205	201	199	196	194	
	Rank	34	29	37	36	34	33	34	32	27	25	▼
United States	# per 100,000	200	200	201	200	199	197	195	193	192	192	

## Health Care

- Adequacy of prenatal care** (the percent of pregnant women who receive care during the first trimester) is lower for Nevada than the national average. The United States average is not available for 2009 and 2010 (*United Health Foundation, America's Health Rankings*)

Adequacy of Prenatal Care		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	68%	67%	68%	70%	72%	67%	67%	61%	72%	73%	
	Rank	48	48	46	39	36	45	45	43	50	49	▼
United States	%	76%	76%	76%	75%	75%	75%	75%	69%	NA	NA	

- Nevada is ranked 50th in terms of the percentage of children ages 19-35 months who have received the recommended number of doses of **vaccinations** (DTP, poliovirus vaccine, any measles-containing vaccine, HiB, and HepB). (*United Health Foundation, America's Health Rankings*)

Immunizations		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	69%	68%	76%	76%	68%	67%	65%	67%	85%	84%	
	Rank	43	46	25	71	50	50	50	50	50	50	=
United States	%	73%	74%	75%	79%	81%	81%	81%	80%	91%	90%	

- Nevada has fewer adults aged 65+ who have had a **flu shot** within the past year than the national average. (*CDC, Behavioral Risk Factor Surveillance System*)

Adults Aged 65+ Who Received a Flu Shot within the Past Year		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	63%	60%	60%	59%	53%	58%	62%	57%	64%	
	Rank	37	47	50	49 of 49	50	50	50	50	49	▲
United States	%	67%	69%	70%	68%	66%	70%	72%	71%	70%	

- In Nevada, the percent of adults who have had their **blood cholesterol checked** within the last 5 years is approaching the U.S. average. (*United Health Foundation, America's Health Rankings*)

Blood Cholesterol Screenings		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	68%	72%	72%	68%	68%	67%	67%	71%	71%	76%	
	Rank	31	25	25	47	47	47	47	46	46	27	▲
United States	%	69%	72%	72%	73%	73%	73%	73%	75%	75%	77%	

- In Nevada, the percent of women aged 40+ who have had a **mammogram** within the past two years is lower than the national average. (*CDC, Behavioral Risk Factor Surveillance System*)

Women Aged 40+ Who Have Had a Mammogram within the Past 2 Years		2000	2002	2004	2006	2008	
Nevada	%	74%	73%	69%	71%	68%	
	Rank	38	39	38 of 49	43	47	▼
United States	%	76%	76%	75%	77%	76%	



# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- In November 2009, the U.S. Preventive Services Task Force changed their mammogram recommendation from once every year or two beginning at age 40 to every other year between ages 50 to 74.

- In Nevada, the percent of women aged 18+ who have had a **pap smear** within the past three years is lower than the national average. (*CDC, Behavioral Risk Factor Surveillance System*)

Women Aged 18+ Who Have Had a Pap Smear within the Past 3 Years		2000	2002	2004	2006	2008	
Nevada	%	84%	83%	85%	82%	78%	
	Rank	43	48	34 of 49	40	47	▼
United States	%	87%	87%	86%	84%	83%	

- The percent of Nevadans aged 50+ who have ever had a **colorectal cancer screening** (sigmoidoscopy or colonoscopy) is below the national average. (*CDC, Behavioral Risk Factor Surveillance System*)

Colorectal Cancer Screenings		2002	2004	2006	2008	
Nevada	%	45%	47%	55%	56%	
	Rank	36	45 of 49	38	45	▼
United States	%	49%	54%	57%	62%	

- The percentage of Nevadans that **visited the dentist** for any reason during the past year is lower than the national average. (*United Health Foundation, America's Health Rankings*)

Dental Care		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	%	59%	59%	65%	65%	65%	65%	66%	66%	64%	64%	
	Rank	49	49	45	45	44	44	39	39	44	44	=
United States	%	70%	70%	71%	71%	71%	71%	70%	70%	71%	71%	

- Nevada has fewer **primary care physicians per 100,000 population** than the national average. (*United Health Foundation, America's Health Rankings*)

Primary Care Physicians		2005	2006	2007	2008	2009	2010	
Nevada	# per 100,000	84	85	86	85	87	86	
	Rank	46	46	46	46	46	46	=
United States	# per 100,000	119	119	120	120	121	121	

- Nevada has a lower number of **preventable hospitalizations** per 1,000 Medicare recipients than average for the U.S. (*United Health Foundation, America's Health Rankings*)

Preventable Hospitalizations		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# per 1,000	74	65	65	66	63	62	65	65	62	57	
	Rank	18	12	11	12	11	11	13	13	11	12	▲
United States	# per 1,000	83	81	81	81	80	77	78	78	71	71	

- The number of **deaths** in Nevada per 10,000 admissions in **low mortality Diagnosis Related Groups (DRGs)** is slightly higher than average in the U.S. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

Deaths in Low Mortality DRGs		2004	2005	2006
Nevada	# per 10,000	5.0	5.5	4.4
United States	# per 10,000	5.1	5.2	4.3

- In Nevada, the number of **infections due to medical care** per 1,000 medical and surgical discharges exceeds the national average. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Infections due to Medical Care		2004	2005	2006
Nevada	# per 1,000	2.3	2.9	2.8
United States	# per 1,000	1.6	2.3	2.2

- Nevada ranks last in the percent of adult surgery patients who received the **appropriate timing of antibiotics**. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

Appropriate Timing of Antibiotics		2005	2006	2007	2008	2009	
Nevada	%	55%	66%	76%	72%	76%	
	Rank	50	50	50	50	50	=
United States	%	75%	81%	86%	81%	87%	

- The percent of hospital patients with **heart failure** in Nevada who received **recommended hospital care** is just below the national average. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

Hospital Patients with Heart Failure Who Received Recommended Hospital Care		2005	2006	2007	2008	2009	
Nevada	%	89%	90%	93%	90%	93%	
	Rank	18	31	26	29	26	▲
United States	%	88%	91%	93%	91%	94%	

- Nevada is below the national average in the percent of hospital patients with **pneumonia** who received **recommended hospital care**. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

Hospital Patients with Pneumonia Who Received Recommended Hospital Care		2005	2006	2007	2008	2009	
Nevada	%	65%	72%	79%	72%	79%	
	Rank	50	50	49	50	48	▲
United States	%	74%	81%	84%	81%	86%	

- The percent of hospice patients in Nevada who received **care consistent with stated end-of-life wishes** is below the national average. (*U.S. DHHS, Agency for Healthcare Research and Quality*)

Hospice Patients Who Received Care Consistent with Stated End-of-Life Wishes		2006	2007	2008
Nevada	%	91%	92%	93%
	Rank	44 of 45	45 of 46	38 of 46
United States	%	95%	95%	94%

## Health Insurance

- In 2009 in Nevada, 55% of private sector establishments **offered health insurance to employees** (rank=22<sup>nd</sup> highest, down from 63% in 2008). The national average was 55%. (*Kaiser Family Foundation, State Health Facts*)
- In 2009 in Nevada, the average **health insurance premium** (employer and worker share combined) for an individual or family was lower than the national average. Nevada's workers also pay a lower share of the premium than is typical nationwide. (*Kaiser Family Foundation, State Health Facts*)

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Annual Health Insurance Premiums		Individual Coverage		Family Coverage	
		Employee	Total	Employee	Total
Nevada	\$	\$842	\$4,627	\$2,881	\$12,700
	Rank	11	25	6	23
	Share of Premium	18%		23%	
	Rank	41		42	
United States	\$	\$957	\$4,669	\$3,474	\$13,027
	Share of Premium	20%		27%	

- A higher percentage of Nevadans are **uninsured** than average in the U.S. (Current Population Survey, U.S. Census Bureau)

Uninsured Population		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	15%	19%	18%	18%	17%	20%	17%	19%	20%	
	Rank	38	48	44	46	39	44	40	44	47	▼
United States	%	14%	15%	15%	15%	15%	16%	15%	15%	17%	

- Nevada ranks near the bottom of all states with the highest percentage of **uninsured children**. (Current Population Survey, U.S. Census Bureau)

Uninsured Population Age 0-18		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	13%	19%	17%	16%	14%	19%	14%	19%	17%	
	Rank	43	49	47	48	46	47	47	50	49	▲
United States	%	11%	11%	11%	11%	11%	12%	11%	10%	10%	

## Mental Health

- The average number of **mentally unhealthy days** per month for Nevadans exceeds the national average. (*United Health Foundation, America's Health Rankings*)

Mentally Unhealthy Days		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	
Nevada	# of Days	3.4	3.9	3.9	3.9	3.9	3.5	3.5	3.8	3.6	4.0	
	Rank	37	47	47	43	46	36	36	43	35	45	▼
United States	# of Days	3.2	3.4	3.4	3.4	3.5	3.3	3.4	3.4	3.4	3.5	

- A higher percent of Nevadans report suffering from **Frequent Mental Distress** (14 or more mentally unhealthy days per month) than average in the U.S. (*CDC, National Center for Chronic Disease Prevention and Health Promotion*)

Frequent Mental Distress		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	10%	10%	NA	12%	11%	11%	11%	11%	11%	13%	
	Rank	36	30	NA	43	38 of 49	35	38	40	37	45	▼
United States	%	9%	10%	9%	10%	10%	10%	10%	10%	10%	11%	

- It is estimated that Nevada has over 88,000 residents suffering from **serious mental illness**. (*National Alliance on Mental Illness, Grading the States 2009*)
- Nevada's adult **public mental healthcare system** earns poor grades in a nationwide survey. (*National Alliance on Mental Illness, Grading the States 2009*)

Adult Public Mental Healthcare System		Health Promotion & Measurement	Financing & Core Treatment / Recovery Services	Consumer & Family Empowerment	Community Integration & Social Inclusion	Overall Grade
Nevada	Grade	F	D	D	F	D
United States	Grade	D	C	D	D	D

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- Nevada's **per capita mental health spending** is below the national average. (*Kaiser Family Foundation, State Health Facts*)

Per Capita Mental Health Expenditures		FY02	FY03	FY04	FY05	FY06	
Nevada	\$ per capita	\$59	\$63	\$54	\$63	\$61	
	Rank	35	34	40	39	42	▼
United States	\$ per capita	\$84	\$92	\$98	\$103	\$104	

## Suicide

- Nevada's **suicide rate** is higher than the national average. (*CDC, National Center for Injury Prevention and Control*)

Suicide Rate		2000	2001	2002	2003	2004	2005	2006	2007	
Nevada	# per 100,000	20	19	20	20	19	20	20	18	
	Rank	49	48	47	48	49	49	47	46	▲
United States	# per 100,000	10	11	11	11	11	11	11	11	

- The **suicide rate among Nevadans aged 65+** is more than twice the average for the U.S. (*CDC, National Center for Injury Prevention and Control*)

Suicide Rate Age 65+		2000	2001	2002	2003	2004	2005	2006	2007
Nevada	# per 100,000	30	32	34	39	34	36	33	31
United States	# per 100,000	15	15	16	15	14	15	14	14

- In 2007, suicide was the 6th leading cause of death in Nevada and the 11th nationwide. (*CDC, National Center for Injury Prevention and Control*)

Rank of Suicide as a Leading Cause of Death, by Age	10 to 14 years	15 to 24 years	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 to 84 years	85+ years	All Ages
Nevada	2	3	2	4	4	6	10	16	18	6
United States	4	3	2	4	5	8	14	18	>20	11

- In 2009, approximately 9% of Nevada's 9th through 12th graders **attempted suicide** in the last 12 months, compared to nearly 6% nationwide. (*CDC, National Center for Chronic Disease Prevention & Health Promotion, Youth Risk Behavior Surveillance System*)

Suicide Attempts Among High School Students		1999	2001	2003	2005	2007	2009
Nevada	%	9%	11%	9%	9%	9%	10%
United States	%	8%	9%	9%	8%	7%	6%

## Public Assistance

- The number of Nevada households that receive **public assistance** income per 1,000 households has recently become higher than the national average. (*U.S. Census, American Community Survey*)

Households Receiving Public Assistance Income		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	# per 1,000	14	20	20	24	19	17	18	19	27	
	Rank	4	17	14	25	13	10	10	23	32	▼
United States	# per 1,000	24	24	25	24	26	24	23	23	26	

- Note that a rank of 1 indicates that state has the fewest households receiving public assistance per 1,000 households.

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The **maximum income allowed for initial TANF eligibility** for a family of three in Nevada is higher than the national average. (*Urban Institute, Welfare Rules Databook*)

Maximum Income for Initial Eligibility for a Family of Three (1 adult, 2 kids)		2001	2002	2003	2004	2005	2006	2007	2008	2009
Nevada	Maximum Income	\$1,098	\$1,120	\$1,133	\$1,168	\$1,185	\$1,230	\$1,341	\$1,375	\$1,430
United States	Maximum Income	\$763	\$768	\$770	\$771	\$766	\$777	\$789	\$785	\$817

- In 2009, the **asset limit** for TANF recipients in Nevada is \$2,000. The median asset limit in the U.S. is \$3,000, the minimum is \$1,000, and the maximum is unlimited assets. (*Urban Institute, Welfare Rules Databook*)
- The **maximum TANF benefit** for a family of three (1 adult, 2 children) with no income in Nevada is lower than the average in the U.S. (*Urban Institute, Welfare Rules Databook*)

Maximum TANF Benefit for a Family of Three with No Income		2001	2002	2003	2004	2005	2006	2007	2008	2009
Nevada	Maximum Income	\$348	\$348	\$348	\$348	\$348	\$348	\$348	\$383	\$383
United States	Maximum Income	\$408	\$413	\$415	\$413	\$413	\$417	\$419	\$475	\$431

- Nevada's **TANF work participation rate** is higher than the average for the U.S. Note that "work activities" may include employment, job search activities, community service, education, and job skills training. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance*)

TANF Work Participation Rate		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	%	35%	22%	22%	35%	42%	48%	34%	42%	39%	
	Rank	28	43	43	27	15	12	28	17	20	▼
United States	%	34%	33%	31%	32%	33%	33%	30%	29%	29%	

- The **average number of hours of participation in work activities** per week for all adult TANF recipients participating in work activities in Nevada is approximately equal to the national average. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance*)

Average Participation in Work Activities Per Week		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	Hours	25	22	23	23	18	20	27	28	26	
	Rank	37	43	44	44	50	48	23	15	14	▲
United States	Hours	30	29	28	28	28	28	27	25	25	

- Nevada's **job entry by TANF recipients** falls below the national average. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures*)

Job Entry by TANF Recipients		2002	2003	2004	2005	2006	2007	2008	
Nevada	%	37%	37%	37%	39%	40%	28%	25%	
	Rank	25 of 49	19 of 48	15 of 49	13 of 49	11	46	44	▲
United States	%	37%	36%	34%	36%	35%	36%	36%	

- Nevada performs well in terms of **job retention by employed TANF recipients**, ranking higher than the national average. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures*)

Job Retention by Employed TANF Recipients		2002	2003	2004	2005	2006	2007	2008	
Nevada	%	61%	63%	63%	65%	67%	71%	72%	
	Rank	23 of 49	13 of 48	13 of 49	10 of 49	12	3	2	▲
United States	%	60%	59%	59%	60%	63%	64%	64%	

## Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

- The percent of Nevada's employed TANF recipients that have achieved **earnings gains** is slightly higher than the national average. (*U.S. DHHS, Administration for Children and Families, Office of Family Assistance, High Performance Measures*)

Earnings Gain by Employed TANF Recipients		2002	2003	2004	2005	2006	2007	2008	
Nevada	%	28%	35%	29%	38%	37%	44%	38%	
	Rank	37 of 49	26 of 48	39 of 49	32 of 49	37	20	33	▼
United States	%	36%	38%	38%	42%	44%	43%	37%	

## Medicaid

- Nevada's **Medicaid spending per capita** is below the national average. (*National Association of State Budget Officers, 2009 State Expenditure Report; U.S. Census, Annual Population Estimates*)

Medicaid Expenditures		FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	
Nevada	\$ per capita	\$352	\$424	\$519	\$501	\$476	\$468	\$487	\$435	\$504	\$505	
	Rank	50	50	47	50	50	50	50	50	50	49	▲
United States	\$ per capita	\$708	\$791	\$845	\$902	\$967	\$983	\$1,016	\$1,021	\$1,092	\$1,224	

- Historically, Nevada ranked low in providing **Medicaid coverage to pregnant women**; Nevada was one of 9 states that provided minimum coverage at 133% of poverty through January 2011 (*Kaiser Family Foundation, State Health Facts*)
- Nevada's **Medicaid nursing facility spending** was 66% percent of Medicaid long-term care expenditures in 2007. (*AARP Public Policy Institute, Across the States 2009*)
- Nevada's **Medicaid Home and Community Based Services (HCBS) spending** for older people and adults with physical disabilities was 34% of Medicaid long-term care expenditures in 2007. (*AARP Public Policy Institute, Across the States 2009*)
- In Nevada, the **costs** of many health care services for the elderly exceed the national average. (*Genworth, 2010 Cost of Care Survey*)

Costs of Care, Average Median Annual Expense		Homemaker Services	Adult Day Care	Assisted Living Facility (private 1 bdrm)	Nursing Home (semi-private room)	Nursing Home (private room)
Nevada	\$	\$45,760	\$16,900	\$33,000	\$70,810	\$76,833
	Rank	42	33	11	29	28
United States	\$	\$41,184	\$15,600	\$38,220	\$67,525	\$75,190

## Child Care

- Of families with some income that receive subsidized child care, the percentage of these families with a **\$0 co-payment** is higher in Nevada than the U.S. average. (*U.S. DHHS, Administration for Children and Families, Child Care Bureau*)

Families with \$0 Copay		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09
Nevada	%	47%	51%	38%	24%	15%	18%	23%	23%
United States	%	26%	25%	25%	24%	24%	23%	21%	20%

- The **average family co-payment** for subsidized child care as a percent of family income is the same in Nevada as the average for the U.S. (*U.S. DHHS, Administration for Children and Families, Child Care Bureau*)

# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Average Family Co-Payment as a % of Income		FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	5%	4%	4%	5%	6%	6%	6%	5%	
	Rank	33	21	21	30	38	34	32	25	▲
United States		4%	5%	5%	5%	5%	5%	5%	5%	

- Note that a rank of 1 indicates that state has the lowest average family co-payment as a percent of income.

## Food Stamps

- Between October 2009 and October 2010, the number of Nevadan's receiving **food stamps** increased by 28%, the second highest rate nationwide. The national average year-over-year increase was 15%. (*Kaiser Family Foundation, State Health Facts*)
- Nevada's **food stamp participation rate** (% of eligible population that receives benefits) is lower than the national average. (*U.S. Dept. of Agriculture, Food and Nutrition Service*)

Food Stamp Participation Rate		2001	2002	2003	2004	2005	2006	2007	2008	
Nevada	%	43%	46%	41%	42%	53%	51%	54%	52%	
	Rank	50	49	49	50	42	49	48	47	▲
United States		60%	60%	54%	56%	61%	65%	67%	66%	

- A lower **percentage of Nevada's families receive food stamps** than average for the U.S. (*U.S. Census, American Community Survey*)

Households Receiving Food Stamps During Last 12 Months		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nevada	%	3%	3%	5%	4%	4%	4%	4%	4%	4%	5%
United States	%	6%	6%	6%	7%	7%	8%	8%	8%	8%	8%

- For FFY10, *preliminary data shows* Nevada's **average monthly food stamp benefit** per person was **\$124.23** and **per household** was **\$267.87**. The national averages were **\$132.37** and **\$289.68** respectively. (*USDA, Food Stamp Program State Activity Report*)

## Child Support Enforcement

- The U.S. DHHS Office of Child Support Enforcement measures states using five **performance indicators**. In all cases, Nevada scored below the national average. (*Administration for Children and Families, Office of Child Support Enforcement*)

Paternity Established		FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	66%	69%	80%	84%	82%	
	Rank	49	49	49	49	44	▲
United States		92%	95%	95%	95%	96%	

Support Orders Established		FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	62%	67%	69%	68%	70%	
	Rank	45	44	44	43	43	=
United States		77%	78%	79%	79%	79%	

Current Support Collected		FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	46%	46%	48%	48%	48%	
	Rank	49	50	50	50	50	=
United States		59%	60%	61%	62%	61%	



# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

Arrearages Collected		FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	50%	52%	52%	53%	52%	
	Rank	48	48	49	49	49	=
United States	%	61%	61%	62%	63%	64%	

Cost Effectiveness		FFY05	FFY06	FFY07	FFY08	FFY09	
Nevada	%	\$2.98	\$3.34	\$3.51	\$3.49	\$3.88	
	Rank	48	47	45	47	41	▲
United States	%	\$5.02	\$5.08	\$5.21	\$4.79	\$5.27	

## Funding

- Nevada's **state and local tax burden per capita** is lower than the national average. Nevada's state and local tax rate (state and local tax burden per capita divided by income per capita) is one of the lowest in the nation. (*Tax Foundation, State/Local Tax Burdens, All States*)

Total State and Local Per Capita Taxes		2001	2002	2003	2004	2005	2006	2007	2008	2009	
Nevada	\$ per capita	\$2,519	\$2,554	\$2,724	\$3,067	\$3,331	\$3,581	\$3,606	\$3,606	\$3,311	
	Tax Rate	6.9%	7.3%	7.6%	7.7%	7.4%	7.5%	7.4%	7.5%	7.5%	
	Rank	3	5	5	7	4	6	4	4	2	▲
United States	\$ per capita	\$3,200	\$3,156	\$3,254	\$3,466	\$3,734	\$4,018	\$4,270	\$4,384	\$4,160	
	Tax Rate	9.4%	9.5%	9.6%	9.6%	9.6%	9.7%	9.8%	9.9%	9.8%	

- Note that a rank of 1 indicates that state has the lowest tax burden.

- Nevadans pay more **federal taxes per capita** than the average for the U.S. (*Tax Foundation, "Federal Tax Burdens & Spending by State"*)

Federal Taxes Paid		FFY00	FFY01	FFY02	FFY03	FFY04	FFY05	
Nevada	\$ per capita	\$7,742	\$7,356	\$6,810	\$6,602	\$7,289	\$8,417	
	Rank	12	12	14	13	6	6	=
United States	\$ per capita	\$6,566	\$6,427	\$5,974	\$5,708	\$5,974	\$6,787	

- Nevadans receive less **federal spending per capita** than the average for the U.S. (*Tax Foundation, "Federal Tax Burdens & Spending by State"; U.S. Census, Consolidated Federal Funds Report*)

Federal Spending Received		FFY00	FFY01	FFY02	FFY03	FFY04	FFY05	FFY06	FFY07	FFY08	
Nevada	\$ per capita	\$4,322	\$4,638	\$4,992	\$5,234	\$5,529	\$5,889	\$5,852	\$6,032	\$6,638	
	Rank	50	50	50	50	50	50	50	50	49	▲
United States	\$ per capita	\$5,907	\$6,411	\$6,890	\$7,202	\$7,548	\$7,964	\$8,058	\$8,339	\$9,042	

- Nevadans receive less **federal spending per dollar of tax paid** than the national average. (*Tax Foundation, "Federal Tax Burdens & Spending by State"*)

Federal Spending Received per Dollar of Tax paid		FFY00	FFY01	FFY02	FFY03	FFY04	FFY05	
Nevada	per \$ paid	\$0.77	\$0.75	\$0.71	\$0.66	\$0.62	\$0.65	
	Rank	47	47	47	49	49	49	=
United States	per \$ paid	\$1.07	\$1.08	\$1.07	\$1.07	\$1.07	\$1.07	

- According to the Tax Foundation, "The most important factor determining whether a state is a net beneficiary is per capita income. States with wealthier residents pay higher federal taxes per capita thanks to the progressive structure of the income tax. Other factors include whether states have powerful Members of Congress, the number of federal employees present in a state, and the number of residents receiving Social Security, Medicare, and other federal entitlements."

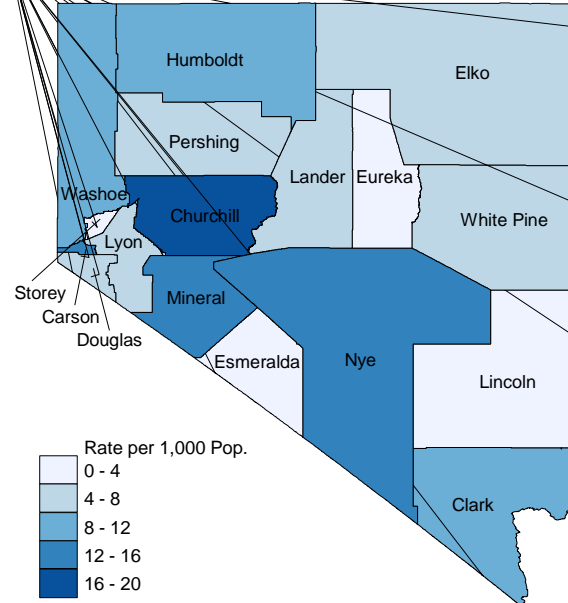


# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

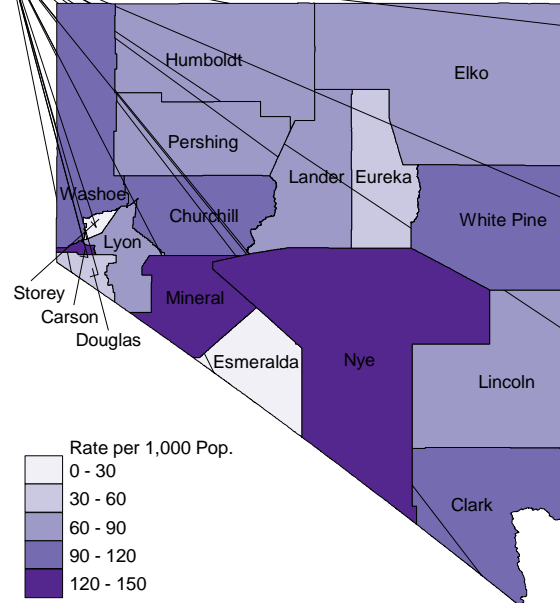
## Maps - Program Participation Rates by County

Source: DHHS Caseload Data

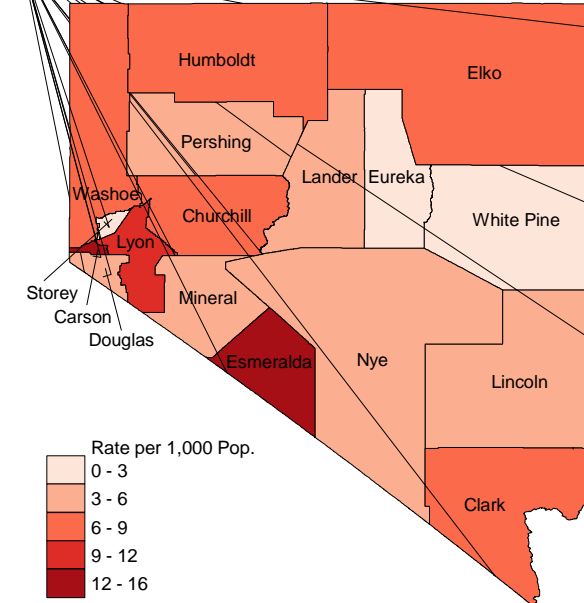
TANF Cash Participation Rate - Mar. 2011



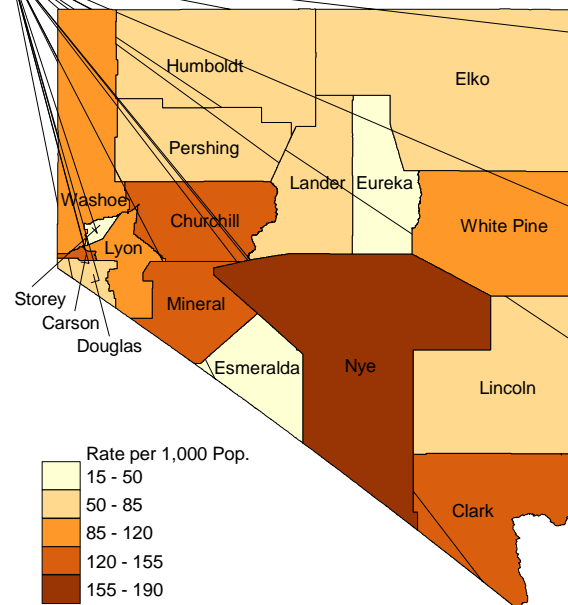
Total Medicaid Participation Rate - Mar. 2011



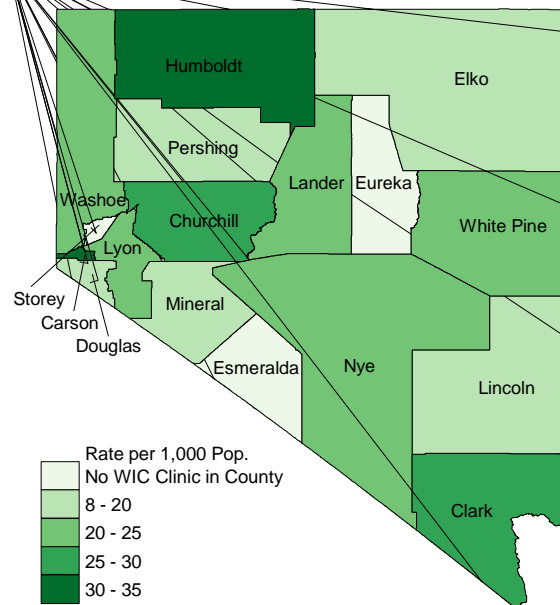
NV CheckUp Participation Rate - Apr. 2011



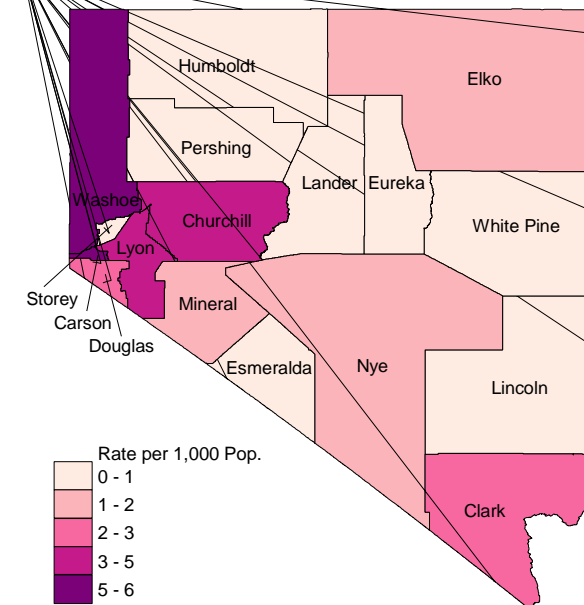
SNAP Participation Rate - Feb. 2011



WIC Participation Rate - Feb. 2011



Childcare Participation Rate - Feb. 2011



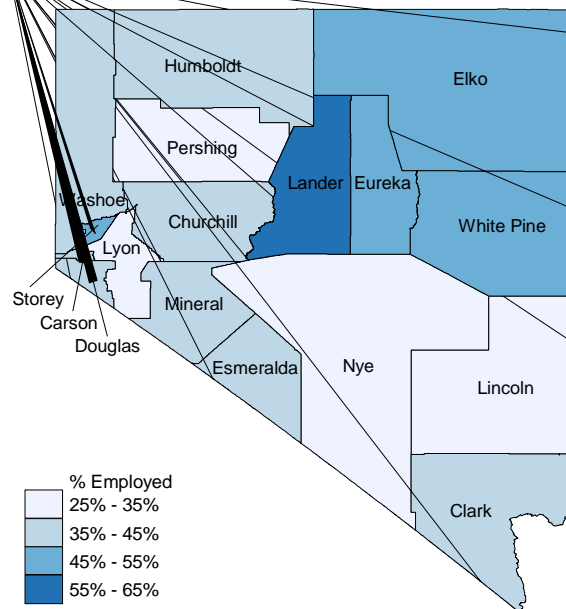
# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

## Maps - Socioeconomic & Demographic Indicators by County

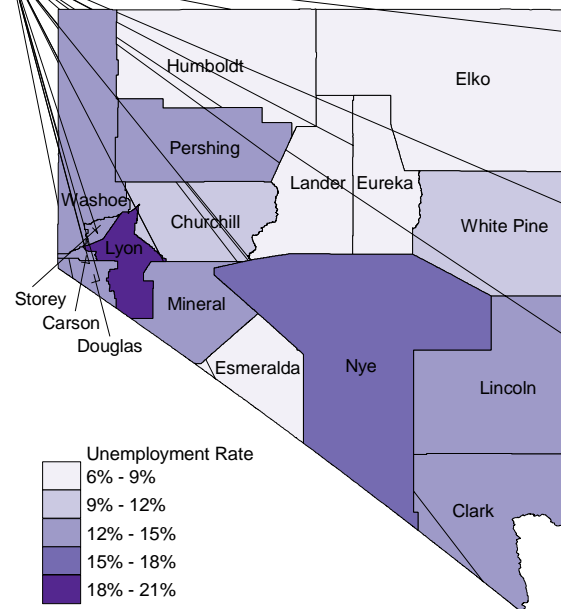
Source: Employment & Unemployment Rate - DETR;

Others - U.S. Census Bureau

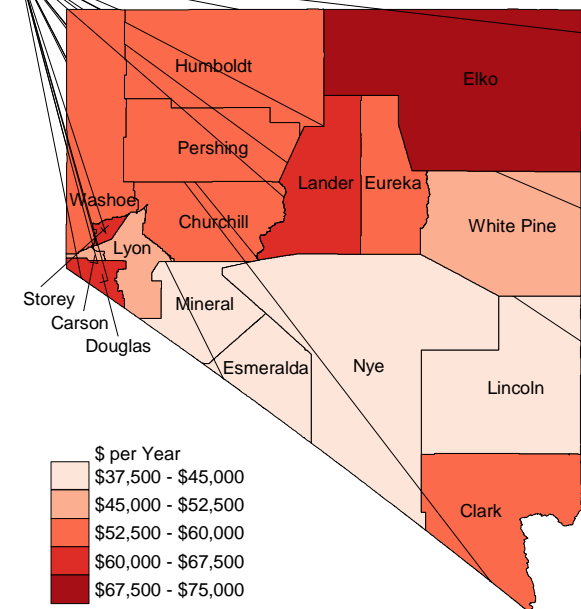
Employment to Population Ratio - Mar. 2011



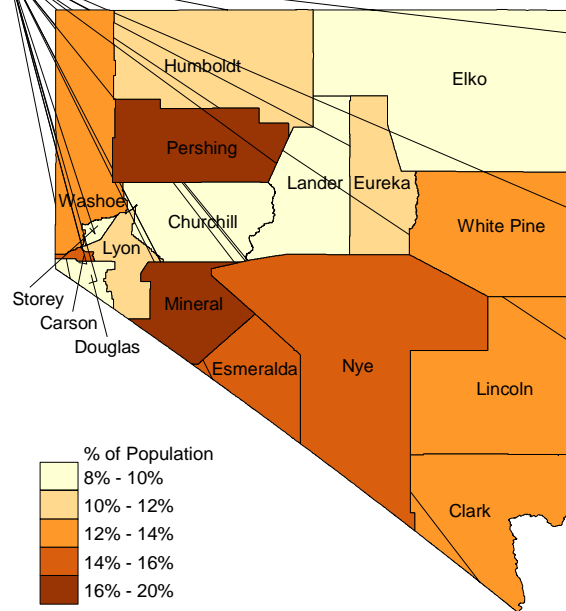
Unemployment Rate - Mar. 2011



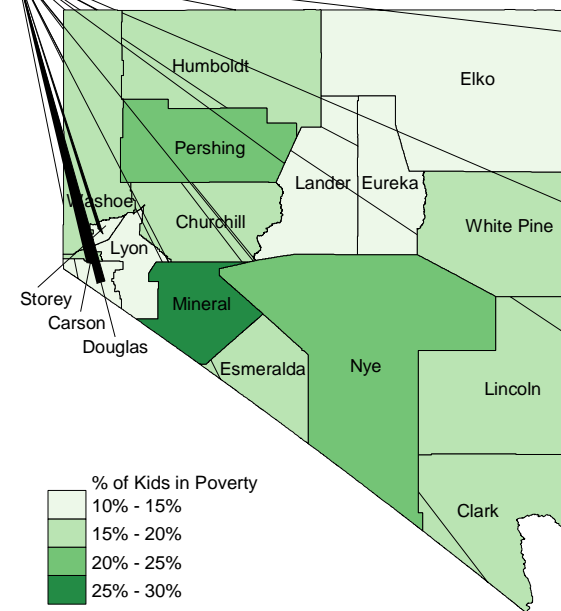
Median Household Income - 2008



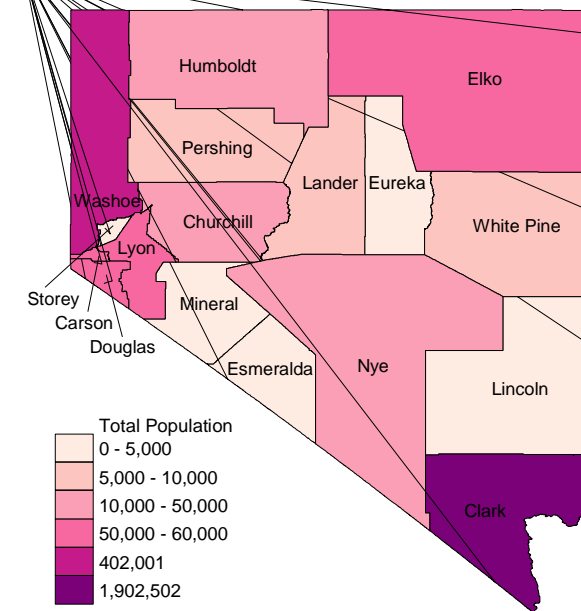
Persons below Poverty - 2009



Child Poverty - 2009



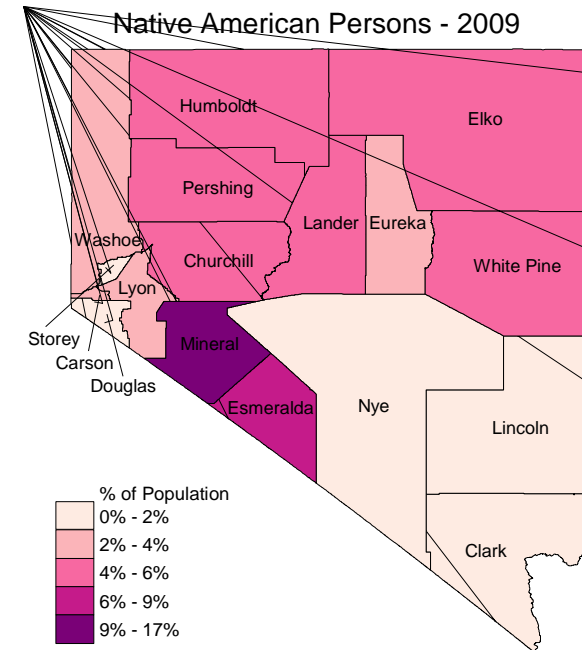
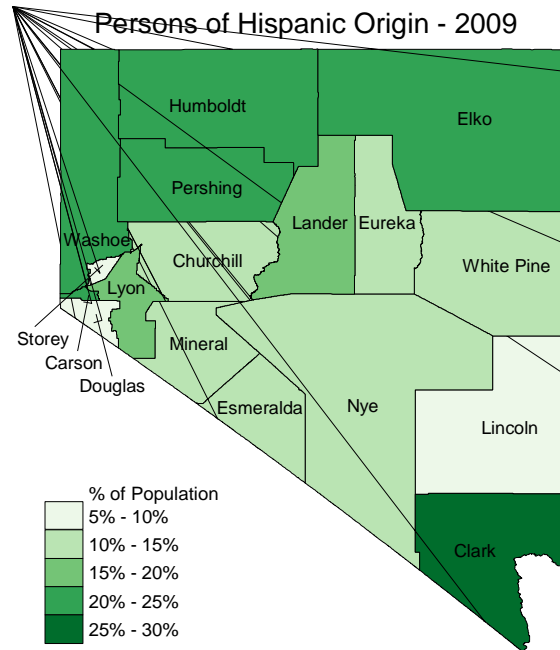
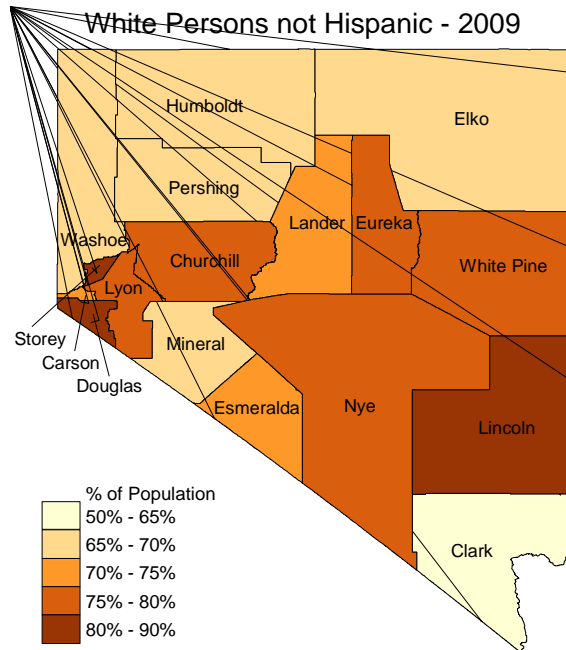
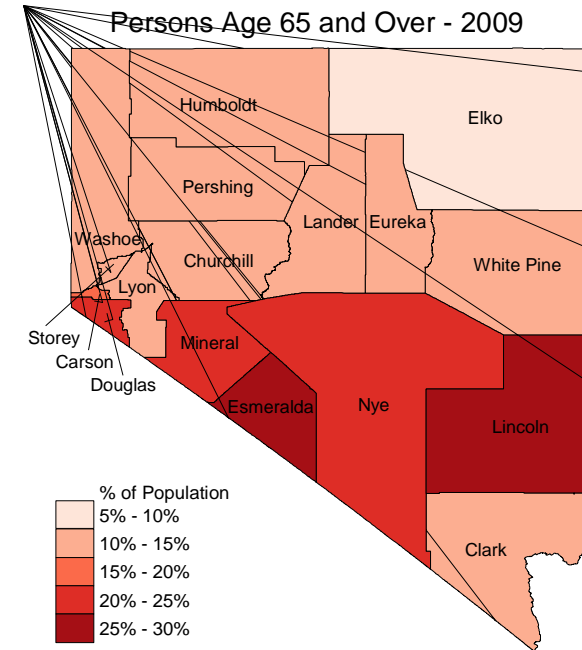
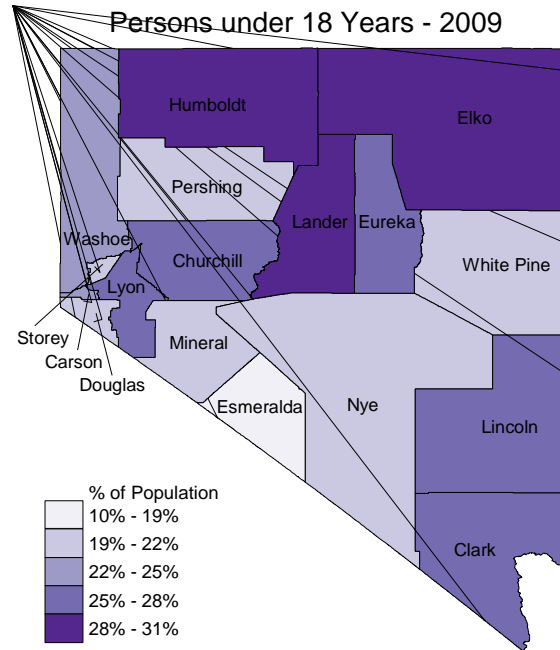
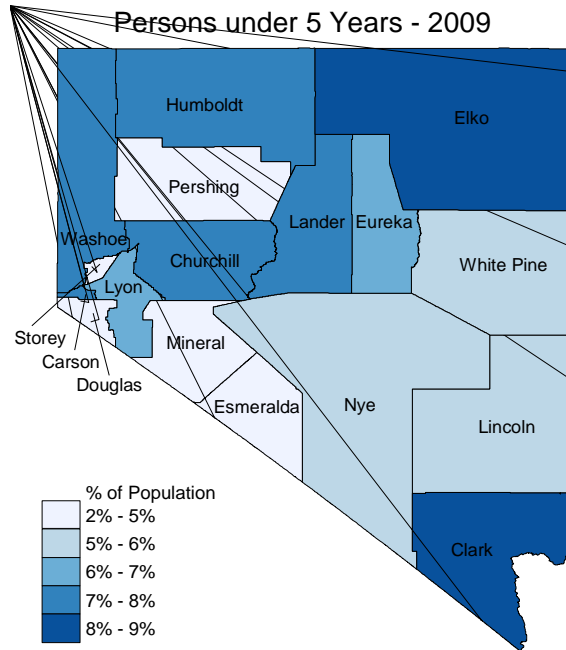
Total Population - 2009



# Nevada Department of Health & Human Services, Nevada Data and Key Comparisons

## Maps - Demographic Indicators by County

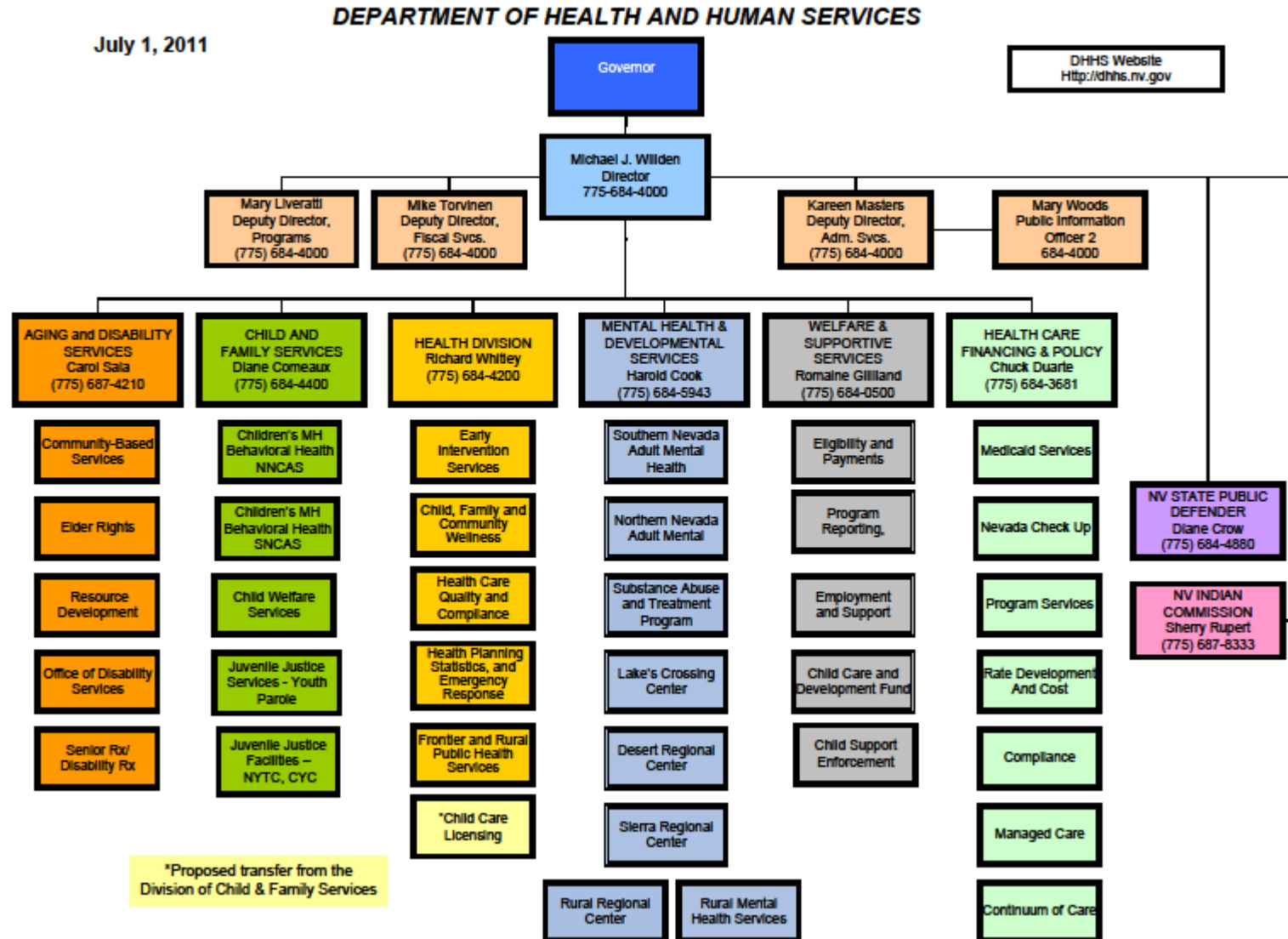
Source: U.S. Census Bureau



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# Nevada Department of Health & Human Services, Organizational Chart

## Organizational Chart



## Nevada Department of Health & Human Services, Organizational Chart

## **Nevada Department of Health & Human Services, Organizational Chart**

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# Nevada Department of Health & Human Services, NRS by Division

## NRS Chapters for Statutory Authority by Division

Updated September 2010

### ***Director's Office***

#### **232 State Departments; Department of Health and Human Services**

- 233B Nevada Administrative Procedures Act
- 322 Use of State Lands (approve lease to non-profit or education institution)
- 353 State Financial Administration (Acceptance of Gifts)
- 395 Education of Persons with Disabilities (Interagency Panel)
- 396 Nevada State Higher Education (Medical Education)
- 428 Indigent Persons (Community Services Block Grant)
- 430A Family Resource Centers
- 432 Public Services for Children (Children's Trust Fund)
- 439 Administration of Public Health (Fund for a Healthy Nevada, Suicide Prevention)
- 458A Prevention and Treatment of Problem Gambling

### ***Aging and Disability Services Division***

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- 353 State Financial Administration (Temporary Advance from State General Fund)
- 426 Commission on Services for Persons with Disabilities**
- 427A Services to Aging Persons and Persons with Disabilities**
- 439 Administration of Public Health (FHN Independent Living Grants)
- 449 Medical and Other Related Facilities (Licensing)
- 657 General Provisions for Banks and Related Organizations (Exploitation of Older Persons)
- 677 Thrift Companies (Designated Reporter)
- 678 Credit Unions (Designated Reporter)
- 706 Motor Carriers (Taxicab Authority)

### ***Division of Child and Family Services***

- 62 Juvenile Justice
- 63 State Facilities for Detention of Children
- 127 Adoption of Children and Adults
- 128 Termination of Parental Rights
- 217 Assistance to Victims of Domestic Violence
- 424 Foster Homes for Children
- 432 Public Service for Children
- 432A Services and Facilities for Care of Children
- 432B Protection of Children from Abuse and Neglect
- 433B Mental Health (Additional Provisions Relating to Children)



# Nevada Department of Health & Human Services, NRS by Division

## ***Division of Health Care Financing and Policy***

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- 145 Summary Administration of Estates (DHHS Claims)
- 146 Support of Family - Distribution of Small Estates (DHHS Claims)
- 147 Presentation and Payment of Claims
- 228 Attorney General (Medicaid Fraud)
- 232 State Departments; Appointment of Deputies
- 422 Health Care Financing and Policy**
- 439A Planning for the Provision of Health Care
- 695C Health Maintenance Organizations (CHIP Contract)
- 695G Managed Care (DHCFCP Exemption)

## ***Division of Welfare and Supportive Services***

- 31A Enforcement of Obligations for Support of Children
- 33 Injunctions (Child Support)
- 125B Obligation of Support
- 126 Parentage (Action to Determine Paternity)
- 281 (Public Employees) General Provisions (Education Leave Stipends)
- 319 Assistance to Finance Housing (Account for Low-Income Housing)
- 422A Welfare and Supportive Services**
- 425 Support of Dependent Children
- 449 Medical and Other Related Facilities (Establishment of Paternity)
- 702 Energy Assistance

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- 353 State Financial Administration (Advances from State General Fund)
- 392 Pupils (Health and Safety)
- 394 Private Education Institutions (Health and Safety)
- 432A Services and Facilities for Care of Children (Immunization)
- 439 Administration of Public Health**
- 439A Planning for the Provision of Health Care
- 439B Restraining Costs of Health Care
- 440 Vital Statistics
- 441A Communicable Diseases
- 442 Maternal and Child Health
- 444 Sanitation
- 445A Water Controls (Concentration of Fluoride)
- 446 Food Establishments (Inspection)
- 447 Public Accommodations
- 449 Medical and Other Related Facilities
- 450B Emergency Medical Services

## **Nevada Department of Health & Human Services, NRS by Division**

451	Dead Bodies
452	Cemeteries
453A	Medical Use of Marijuana
454	Poisons; Dangerous Drugs and Hypodermics
457	Cancer
459	Hazardous Materials
460	Human Blood, Blood Products and Body Parts
583	Meat, Fish, Produce, Poultry and Eggs (Inspection of Meats and Poultry)
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# Nevada Department of Health & Human Services, Phone List

## Phone Numbers of Key Personnel

Updated April 2011

<b><i>Director's Office</i></b>		<b>775-684-4000</b>
	<b>Michael J. Willden, Director</b>	
	<b>Mary Liveratti, Deputy Director</b>	<b>775-684-4015</b>
	<b>Kareen Masters, Deputy Director</b>	<b>775-684-4012</b>
	<b>Mike Torvinen, Deputy Director</b>	<b>775-684-4004</b>
	Mary Woods, Public Information Officer	775-684-4024, 775-220-4944 (cell)
<b>Grants Management</b>	Laurie Olson, Chief	775-684-4020
<b>Grants Management</b>	Toby Hyman (Las Vegas)	702-486-3530
<b>Head Start and Literacy</b>	Margot Chappel, Director	775-688-7453
<b>Health Information Technology</b>	Lynn O'Mara, Coordinator	775-684-7593
<b>Suicide Prevention</b>	Misty Allen, Coordinator	775-443-7843
<b><i>Aging and Disability Services Division</i></b>		<b>775-687-4210</b>
	<b>Carol Sala, Administrator</b>	<b>775-687-4210 x 226</b>
	<b>Tina Gerber-Winn, Deputy Administrator</b>	<b>775-687-4210 x 235</b>
	Brenda Berry, ASO III	775-687-4290 x 342
	Sally Ramm, Specialist for the Rights of Elderly Persons	775-688-2964 x 253
<b>Community Based Care</b>	Tammy Ritter, Chief	775-687-4210 x 229
<b>Disability Services</b>	Todd Butterworth, Chief	775-687-4210 x 245
<b>Elder Rights Unit</b>	Kay Panelli, Chief	775-687-4210 x 254
<b>Resource Development Unit</b>	Cherrill Cristman, Chief	775-687-4210 x 236
<b>Supportive Services</b>	Dana Schmidt, Chief	775-687-4210 x 241
<b>Elder Protective Services Referral</b>		775-688-2964 (North), 702-486-3545 (South), 1-888-729-0571
<b>Senior Citizen's Property Tax and Rent Rebate Program</b>		775-687-4826, 1-866-212-7600
<b>State Health Insurance Assistance Program (SHIP)</b>		702-486-3478, 1-800-307-4444

## Nevada Department of Health & Human Services, Phone List

<b><i>Division of Child and Family Services</i></b>		<b><i>775-684-4400</i></b>
	<b>Diane Comeaux, Administrator</b>	<b>775-684-4459</b>
<b>Child Welfare</b>	<b>Amber Howell, Deputy Administrator</b>	<b>775-684-4446</b>
<b>Children's Mental Health</b>	<b>Patricia Merrifield, Deputy Administrator</b>	<b>702-486-6120</b>
<b>Finance and Administration</b>	<b>Danette Kluever, Deputy Administrator</b>	<b>775-684-4414</b>
<b>Juvenile Justice</b>	<b>Fernando Serrano, Deputy Administrator</b>	<b>775-684-7943</b>
<b>Caliente Youth Center</b>	Jamie Killian, Superintendent	775-726-8200
<b>Child Care Licensing</b>	Melissa Faul, Chief	775-684-4439
<b>Nevada Youth Training Center</b>	Erika Olson, Superintendent	775-738-7182
<b>Rural Child Welfare</b>	Betsy Crumrine, Manager	775-687-4609
<b>Youth Parole Bureau</b>	John Martin, Chief	702-486-9713

<b><i>Division of Health Care Financing and Policy</i></b>		<b><i>775-684-3600</i></b>
	<b>Charles Duarte, Administrator</b>	<b>775-684-3677</b>
	<b>Elizabeth Aiello, Deputy Administrator</b>	<b>775-684-3679</b>
	<b>Lynn Carrigan, ASO IV / Deputy - Fiscal</b>	<b>775-684-3621</b>
<b>Accounting and Budget</b>	Leah Lamborn, Chief	775-684-3668
<b>Audit Unit</b>	Patty Thompson, Chief	775-684-3713
<b>Business Lines</b>	John Whaley, Chief	775-684-3691
<b>Compliance</b>	Marta Stagliano, Chief	775-684-3623
<b>Continuum of Care</b>	Connie Anderson, Chief	775-684-3711 TTY, Relay 1-800-326-6888
<b>Health Care Reform</b>	Gloria Macdonald, ASO III	775-684-3635
<b>IT/MMIS</b>	Mel Rosenberg, Chief	775-684-3736
<b>Nevada Check Up</b>	Nova Murray, Chief	775-684-3756
<b>Program Services</b>	Coleen Lawrence, Chief	775-684-3744
<b>Rates and Cost Containment</b>	Jan Prentice, Acting Chief	775-684-3791

<b><i>Division of Welfare and Supportive Services</i></b>		<b><i>775-684-0500</i></b>
	<b>Romaine Gilliland, Administrator</b>	<b>775-684-0504</b>
	<b>David Stewart, Deputy Administrator</b>	<b>775-684-0767</b>
	<b>Deborah Braun, Deputy Administrator</b>	<b>775-684-0570</b>
	<b>Sue Smith, Deputy Administrator</b>	<b>775-684-0647</b>
<b>Budget and Statistics</b>	Tami Dufresne, Chief	775-684-0655
<b>Child Care</b>	Sherry Allsop, Acting Chief	775-684-0630
<b>Child Support Enforcement</b>	Louise Bush, Chief	775-684-0705
<b>Eligibility &amp; Payments (TANF and Medicaid eligibility)</b>	Jeff Brenn, Chief	775-684-0618
<b>Employment &amp; Support Services</b>	Lori Wilson, Chief	775-684-0626
<b>Energy Assistance</b>	Andrea Fountain, Program Manager	702-486-9580
<b>Investigations &amp; Recovery</b>	Brenda Burch, Chief	775-684-0559

## Nevada Department of Health & Human Services, Phone List

<b><i>Health Division</i></b>		<b><i>775-684-4200</i></b>
	<b>Richard Whitley, Administrator</b>	<b>775-684-4224</b>
	<b>Marla McDade Williams, Deputy Administrator</b>	<b>775-684-4204</b>
	Phil Weyrick, ASO IV	775-684-4044
	Martha Framsted, PIO	775-684-4014
<b>Bureau of Child, Family and Community Wellness</b>	Deborah Harris, Chief	775-684-5958
<b>Bureau of Health Care Quality and Compliance</b>	Wendy Simons, Chief	775-687-4475 x 247
<b>Bureau of Health Statistics, Planning and Emergency Response</b>	Luana Ritch, Chief	775-684-4155
<b>Public Health and Clinical Services</b>	Mary Wherry, Director	775-684-4018
<b>State Epidemiologist</b>	Ihsan Azzam	775-684-5946
<b>State Health Officer</b>	Tracey Green, M.D.	775 684-3215

<b><i>Indian Commission</i></b>	<b><i>Sherry Rupert, Executive Director</i></b>	<b><i>775-687-8333</i></b>
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<b><i>Mental Health and Developmental Services</i></b>		<b><i>775-684-5967</i></b>
	<b>Harold Cook, Administrator</b>	<b>775-684-5961, 775-287-7889 (cell)</b>
	<b>Jane Gruner, Deputy Administrator</b>	<b>775-684-4118</b>
	Dave Prather, ASO IV	775-684-5977, 775-315-0697 (cell)
	Vacant, Statewide Medical Director	
<b>Desert Regional Center</b>	Tom Smith, Director	702-486-6199
<b>Developmental Services</b>	Jane Gruner, Lead Director	775-688-1930 x 2140
<b>Lakes Crossing</b>	Betsy Neighbors, Director	775-688-1900 x 254
<b>NNAMHS</b>	Rosalynne Reynolds, Acting Director	775-688-2001
<b>NNAMHS</b>	Vacant, NNAMHS Medical Director	775-688-2015
<b>Rural Regional Center and Rural Clinics</b>	Barbara Legier, Director	775-687-5162 x 289
<b>Sierra Regional Center</b>	JaKathryn Cavakisne Gruner, Director	775-688-1930 x 2140
<b>Substance Abuse Prevention &amp; Treatment Agency</b>	Deborah McBride, Director	775-684-4190
<b>SNAMHS</b>	Stuart Ghertner, Director	702-486-6239
<b>SNAMHS</b>	Vacant, Outpatient Medical Director	702-290-8788 (cell)

<b><i>Public Defender</i></b>		<b><i>775-687-4880</i></b>
	<b>Diane Crow, State Public Defender</b>	<b>775-687-4880 x 230</b>
	<b>Karin Kreizenbeck, Chief Deputy</b>	<b>775-687-4880 x 229</b>

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